# Lectures
ON
# FIBROID TUMOURS OF THE UTERUS.

*Delivered at the Hospital for Women, Soho-square,*

BY ALFRED MEADOWS, M.D. LOND.,

PHYSICIAN-ACCOUCHEUR TO, AND LECTURER ON MIDWIFERY AND THE DISEASES OF WOMEN AND CHILDREN AT, ST. MARY'S HOSPITAL; PHYSICIAN TO THE HOSPITAL FOR WOMEN.

## LECTURE I.—PART II.

THE *Symptoms* of fibroid tumours of the uterus vary greatly in different cases; and although at times it is really difficult to account for the differences which exist in cases apparently similar, yet, allowing for all that is due to idiosyncrasy, it may as a rule be remarked that the chief variation in the symptoms is due rather to the size and position of the tumour than to any peculiarity in the growth itself. Hence, in order to a correct appreciation of the phonomena presented by any given case, it is absolutely necessary that a most careful and thorough examination be made to determine with accuracy these several points.

It would be wearisome, and I am sure it is not necessary, for me to detail very minutely all the symptoms attendant upon these growths; suffice it to say that, in the main, they may be classified under three chief heads—namely, disordered menstruation; irregular discharges, either in the form of hæmorrhage or mucus; and, lastly, pain. The variations in these three symptoms often afford valuable indications in regard to the position of the tumour, and may be taken as corroborative evidence of the results of local examination. Speaking broadly, I have observed that the two chief symptoms, pain and discharge, whether of mucus or blood, are inversely proportionate the one to the other; that is to say, if there be much pain there is generally but little discharge, and, *vice versâ*, great hæmorrhage is seldom associated with severe pain. Again, still speaking in general terms, but withal with some degree of accuracy—for the statement is the result of clinical observation alone,—I have found that the existence of great pain or excessive discharge, of whatever kind, may be taken as an index to the position of the tumour: in the former case the tumour will probably be found near to the peritoneal surface, while in the latter it will be nearer to the mucous. Pain thus associates the tumour with the peritoneum; discharge connects it with the discharging surface. It is important to bear these facts in mind, as it may exercise a determining influence in regard to treatment. In some few cases, however, there are absolutely no symptoms; and I have on more than one occasion discovered a large fibroid tumour of the existence of which the patient was entirely ignorant, and had absolutely nothing to complain of.

Taking the three chief symptoms in the order I have enumerated, we shall often find that some disorder of menstruation is the first thing that attracts attention. Supposing the tumour to be of the submucous variety, there will be a gradual increase in the amount of discharge; at first the increase will be slight, but it may ultimately amount to a regular hæmorrhage, and be prolonged far beyond the customary time. The more the tumour projects into the uterine cavity, the more polypoidal it becomes; and the larger the exposed surface of mucous membrane with its capillary circulation, the more free, as a rule, will be the discharge. It is easy to understand why this is, because, of course, the larger the extent of surface from which to bleed, the greater should we expect the loss to be. In the submucous and the interstitial variety this will be the leading disorder of menstruation. When, however, the tumour invades the peritoneal surface, there probably will be but little increase in the menstrual discharge, but a great aggravation of pain. A third, but a most unusual disorder of menstruation in connexion with fibroid tumour is, a diminution in the amount of discharge. Of the 160 cases which I have observed, this symptom occurred only 8 times; and in every one of these the tumour was of the subperitoneal variety. This coincides pretty much with Dr. West's experience, for he noted a similar result in 1 out of 36 cases. So much, then, for menstrual irregularity in connexion with uterine fibroids.

In regard to the next leading symptom—viz., irregular discharge, whether of mucus or blood,—I find that this occurs in almost every instance where the tumour is of the submucous variety, and it is extremely common also in cases of the interstitial kind. As a rule, too, the watery or mucous discharge is much more free the more the tumour projects into the uterine cavity; while in the subperitoneal form it is almost or altogether absent, and it is slight in the interstitial kind. Hæmorrhage, on the other hand, is usually very free in the case of interstitial fibroids; but is freer still when the tumour invades the uterine cavity, and most of all when it has become polypoidal, while, on the contrary, it seldom occurs in cases subperitoneal. It appears, then, from all this that the amount of hæmorrhage bears no necessary proportion to the size of the tumour, but is mainly related to its situation. I have seen tumours considerably larger than an adult head attended with little or no discharge, either of blood or mucus; on the other hand, a small tumour no larger than a walnut may occasion almost fatal flooding. We learn, then, from what I have said, that the existence or non-existence of this symptom is very important in a diagnostic point of view in regard to the position of the tumour; and, as I shall show you in my next lecture, it has a very practical bearing in reference to the question of surgical interference, for the existence of a fibroid of the uterus which is not accompanied by any watery discharge, and does not give rise either to excessive menstruation or to irregular hæmorrhages is, as a general rule, not a case for operative treatment, at least not by the vagina.

There is one other point in reference to the discharges which I should mention here, as I have, on more than one occasion, known it lead to an error in diagnosis. I allude to the fetor which is sometimes met with in cases of large intra-uterine fibroids, especially where they have become pedunculate. There is great liability in these cases of mistaking them for cases of cancer. Let me relate a case in illustration. I was asked one day by a highly intelligent practitioner, who had had large experience in uterine diseases, and is a very expert operator, to see a lady who he believed was suffering from malignant disease of the uterus. She was greatly emaciated by long exhausting discharge, which was of an extremely fetid character, and she had had frequent and irregular attacks of hæmorrhage. There had also been considerable pain, and her general appearance was exactly that of an advanced case of cancer uteri. On making a vaginal examination, the finger came at once upon a mass, jagged and irregular in shape, occupying the site of the cervix uteri, and having most of the character of a sloughy mass of epithelioma. At first my opinion coincided with this, but on making more careful examination, and passing the finger completely round the mass, I could feel, on tracing it upwards, that it was surrounded by a distinct ring of perfectly healthy tissue, having a well-defined edge, and being separable from the rest of the disease. This led me to use the sound, and then it was apparent that, instead of a mass of epithelioma involving the entire cervix, the case was really one of large fibroid polypus, in which the lower portion, being constricted by the cervix above, had taken on a sloughing process, and hence the fetid discharge. The moral of this case is—in all cases where a fetid discharge exists, and is found to proceed from a sloughing mass in the vagina, be careful to make out whether the cervix is free above, and the mass is projecting from the uterine cavity; or whether, on the contrary, the disease springs directly from the cervix, and the edge of the os is, either in whole or part, involved in the disease. If it be, then clearly the case is one of cancer.

The last symptom to which special allusion must be made is pain. As I have already said, pain and discharge are, as a general rule, inversely proportionate the one to the other, and indicative of opposite conditions of the tumour, in regard at least to its situation. A polypoid or submucous tumour may grow to a very considerable size without occasioning any pain. An interstitial tumour will certainly occasion some pain, at least in the great majority of cases.

But a subperitoneal tumour will, as a general rule, from the very first be painful, sometimes extremely so, and the amount of pain will vary pretty much according to the situation of the growth. A small tumour in some localities will give rise to considerably more pain than one ten times its size elsewhere. For instance, a small tumour on the anterior wall will occasion much more distress and suffering than one situate posteriorly, and with both it may be said that the nearer the tumour is to the fundus the greater will be the attendant pain. This is especially the case in the early stages of the growth, for the reason, as I believe, that while thus small it drags over the fundus in one or other direction, thus causing a flexion of the uterus, with corresponding pressure on sensitive parts, and great difficulties in menstruation. Pain can never be taken as a measure of mischief in these cases any more than it can elsewhere. Indeed, within certain limits, it may be said that the larger the tumour the less is the pain, though the converse is not equally true. In general it will be found that the greatest suffering occurs before the tumour reaches such a size as to carry it out of the pelvis. After that it is more a question of distress and inconvenience from the bulk of the mass than any severe pain. There is one variety of the interstitial fibroid which is sometimes a cause of great pain—viz., where the tumour, though small, is situate near to the internal os, and gives rise to obstruction in the menstrual flow. Cases of this kind are by no means common, though, as they lie on the border land between the cervix proper, where fibroid tumours are extremely rare, and the body of the uterus, where they are, as we have seen, very common, they are occasionally met with. I have seen certainly four such cases, and the distress occasioned by them is very great. Now it will be evident from a review of these several symptoms that no one nor all of them together afford any positive evidence of the existence of a tumour of the kind we are considering. Pain is, of course, no indication, because it is common to so many conditions. Excessive menstruation, or the occurrence of irregular hæmorrhage, is at most only suggestive; for each may occur under very varying conditions, and is quite as frequent an accompaniment of cancer as of fibroid tumour. In short, there is no symptom which is at all pathognomonic of this disease, and our diagnosis must be founded mainly, if not entirely, upon the result of a vaginal examination.

Suppose, then, after careful inquiry into the symptoms, our suspicions are aroused as to the existence of a uterine fibroid, what are the chief points to be noted in making a vaginal examination, and into what errors are we likely to fall? In other words, what other diseases are likely to be confounded with this? Where the tumour is small, probably the most common mistake is made in cases of flexion of the uterus where the retroflexed fundus is supposed to be a tumour in the posterior wall, or an anteflexed fundus a tumour in the anterior wall. In both cases, or rather in all four cases, there is pain, and there is nothing peculiar about the pain in any case to give it a diagnostic value, except, perhaps, in this respect, that in the case of tumour the pain is more uniform and constant than in flexion, while in the latter it is much more severe during menstruation. In all four cases there will be, according to the position of the tumour or of the fundus, complications in regard to the bladder or rectum. With the former we shall have frequent micturition, with the latter constipation and painful defecation, but in both cases these symptoms are more marked with uterine flexion than with fibroid tumour. In regard to menstruation, this is more likely to be excessive in the case of tumour than in the case of flexion, especially if the tumour be submucous or interstitial, not if it be subperitoneal. The same holds good with reference to irregular hæmorrhage and to mucous or watery discharges. Thus, though a certain differentiation may usually be made between these several conditions in regard to the leading symptoms, yet in the main the diagnosis must turn upon the vaginal examination, and with this there is generally little or no difficulty in forming a correct opinion. First, as regards digital examination, the cervix may in all four cases maintain its normal size and shape and position, but in general it will not be quite the same in tone, for in the case of flexion it will frequently be found soft, whereas in fibroid it will as frequently be found hard. In flexion there will generally be found a good deal of tenderness, in fibroid there is little or none. I am speaking of the cervix only. As regards the swelling itself, whether it be situated anteriorly or posteriorly, we shall find in the majority of cases that its consistence is much firmer in the case of fibroid than in the case of flexion; we shall also observe that the latter is far more tender to the touch than the former, but it is usually much less mobile; the mobility of the fibroid will, however, depend entirely upon its position and attachment; if it be subperitoneal and more or less pedunculate, then it will be more mobile than if interstitial, or subserous but sessile. In all cases of doubt, however, the diagnosis can easily be made absolute by the use of the uterine sound, for in the case of uterine flexion the introduction of the sound will at once cause a disappearance of the tumour, while in the case of fibroid the tumour will be entirely unaffected by it. I need not, of course, say that in using the sound for this purpose very great care is necessary, and that in passing it the point should be guided, though very gently, in the direction of the swelling, if flexion is supposed to exist, and if any obstruction is met with in that direction, then it should be passed in the normal direction. This will suffice to settle the question as between flexion of the uterus and fibroid tumour, and of course it will not arise at all in any case where the tumour is much larger than an ordinary fundus.

The next most common difficulty in diagnosis will be between uterine fibroid and ovarian tumour; and, curiously enough, this difficulty is not confined to cases where the tumour is small, as might at first sight be supposed; but it exists also occasionally in cases where the tumour has attained a very great size. Of course, in the latter case, the existence of very distinct fluctuation, such as occurs in unilocular cysts, especially where the fluid is thin, is sufficient at once to dispel all doubt, and certainly an error of diagnosis in regard to fibroid is, under such circumstances, little short of culpable. The difficulty, however, is hardly likely to occur in such a case, and it is only where the tumour is very small, or where, being large, either the fibroid is unusually soft, or, if it be ovarian, the cyst is multilocular and the fluid very thick, that any serious difficulty will arise. Those who have had most experience, however, know very well that fluctuation is not at all easy of diagnosis in some cases. I have seen soft, fleshy, but solid fibroids, even when removed from the body, give all the indications of fluctuation, so that it is not possible in all cases, even when the tumour is large, to speak with certainty as to the diagnosis; but undoubtedly the difficulty is much greater in the case of a small tumour, one, say, the size of an egg or of a small cocoa-nut. Quite recently I had a lady under my care suffering from a tumour the size of a duck's egg; it was situate behind and a little to the right of the uterus. There was but slight mobility in it; it had a fleshy elastic feel, was tender to touch, and any movement of it was thought distinctly to affect the cervix. In addition to this, there was an anteflexed condition of the uterus, and a fibroid tumour could be distinctly felt attached to the fundus uteri. There was no irregular discharge either of mucus or blood, but menstruation, though regular, was very profuse. Constant and severe pain existed in the right inguinal region, which was gradually wearing out the patient, and she suffered severely from frequent micturition, which disturbed her rest night and day. She was seen in consultation with me by two of the most experienced authorities in this town, whose opinion was sought as to the propriety of an abdominal operation for the removal of the tumour, which, at the urgent request of the patient, I at first consented to perform, and afterwards recommended; though originally I believed the posterior tumour, which was the cause of all her suffering, was, like its fellow in the uterus, a fibroid of the subserous and pedunculate variety: latterly, however, I had altered my opinion, and now believed it to be ovarian. Both the authorities who saw her thought I was wrong in this, but they, very reluctantly I must own, consented to the proposed operation, if all other measures failed. They did fail, and, accordingly, I performed the operation, and removed the tumour, which proved to be ovarian. The patient, I am happy to say, made an excellent recovery.

Now the experience of that case, as well as some others of a similar kind which I have seen, where the tumour was about the same size, and where the diagnosis of a small ovarian tumour was confirmed by abdominal operation, has taught me this, in regard to the differentiation of small

fibroid and ovarian tumours—viz., that, apart from the difference of pain, which in the case of ovarian tumour is fixed in the ovarian region, but is more central in uterine fibroid; apart also from the question of irregular discharges of mucus or of blood, which are not uncommon in the case of fibroids, but are rare in ovarian tumours; apart, too, from the menorrhagia which is so constant in the one and so rare in the other; apart, I say, from all this, there is a peculiar elastic though firm and tense feel which is very distinct as against the hard solid feel of a fibroid; and, according to my experience, the smaller the fibroid is the harder it is: a small ovarian tumour is more like a stout india-rubber bag tense with fluid, while a fibroid of equal size is like a solid india-rubber ball. There is one other point of distinction between these two to which I may allude—viz., in regard to the position of the tumour: in the case of ovarian tumour, it is distinctly to one or other side as well as behind, while a fibroid is almost always immediately behind the uterus; this, however, is not without exception, for at the present time I have a patient under my care at St. Mary's Hospital who has a fibroid growing from the left cornu of the uterus, but here, though the tumour is certainly lateral, it is not so distinctly posterior.

Another condition with which uterine fibroid may occasionally be confounded is pelvic hæmatocele; for though they differ very much in regard to their clinical history, they are not in all cases so widely dissimilar in their physical characters. As a general rule, however, the swelling in pelvic hæmatocele is much more diffuse, less defined, and less movable than is that in uterine fibroid. Moreover its consistence varies with time: thus, at first it is soft, and has the character of fluid; then it becomes doughy and boggy, and lastly hard and solid. Simultaneously with these changes, the swelling steadily decreases in size. In all this it differs essentially from a fibroid, and the clinical history of the two is also widely dissimilar; for while the latter has nothing severe in its accession, the former always begins with severity, sometimes with symptoms of collapse from internal hæmorrhage, always with signs of peritonitis. It seems, then, that, at least in the earlier stages of the disease, there is not much likelihood of these two conditions being confounded; and although in the later stages, when the fluid portion of the blood and most of the clot in hæmatocele have been absorbed, there remains a swelling which is almost if not quite as hard as that of a fibroid, yet the rotundity of the latter in comparison with the thin edge of the former, and the fixity of the uterus in the case of hæmatocele as against its mobility in fibroid, will generally suffice to establish a correct diagnosis.

Pelvic cellulitis is another condition which presents occasionally a certain resemblance to uterine fibroid. It differs, however, in these respects: first, as to its history, for it generally commences with acute symptoms, with more or less severe febrile disturbance, and following either parturition, abortion, or chill during menstruation. The pain, which is constant, is usually in one or other side, extends down the leg, as well as through to the back, by the sacro-iliac joint. The swelling is situate distinctly in the broad ligament, extends from uterus to pelvic wall, fixes the former, bulges but little if at all into the vaginal cavity, and, except in severe cases, is not to be felt above the pelvic brim. Occasionally we meet with cases of pelvic cellulitis involving both broad ligaments; in that case of course the characters already given will be found on both sides of the uterus; but the diagnosis will not generally be a matter of much difficulty, for the more extensive the inflammation has been the more clearly will the severity of the symptoms mark it off from fibroid tumour. Moreover, the fixity of the uterus, the extent of the pelvic swelling, and the absence of any corresponding tumour above the pelvic brim, may be taken, in conjunction with the clinical history, as fairly conclusive against the existence of uterine fibroid.

I have on one occasion known a stone in the bladder mistaken for a fibroid tumour. Strange as it may seem, the mistake is not quite so gross as may at first sight appear. Of course it could only be mistaken for a fibroid in the anterior wall of the uterus, and though such a mistake would probably never occur to an experienced surgeon, yet the detail of the symptoms of weight and bearing down, of frequent and painful micturition, accidentally coincident as these might be with menorrhagia and dysmenorrhœa, would be very apt, I think, to mislead the obstetrician, who, naturally as it were, takes it almost for granted that when he is consulted by a lady the case must necessarily be a gynæcological one; and if on examination he finds a small, hard swelling immediately in front of the cervix, with such a train of symptoms as I have described, the diagnosis of fibroid in the anterior wall, or of anteflexion, is most natural. It is well, therefore, in all cases of this sort to use the bladder sound before arriving at a definite conclusion.

It might be thought almost impossible for fæcal accumulation to give rise to a condition at all analogous to a uterine fibroid. I should have thought so but for a case which lately came under my observation. The patient was suffering a good deal of pain about the pelvic region, which had been gradually coming on for some time past. Menstruation was painful, but not profuse; and there was no irregular discharge. On examination, a tumour existed in the central hypogastric region, extending fully half-way up to the umbilicus, and occupying also the right iliac fossa; it was firm, uniformly globular, and slightly movable. Per vaginam, the cervix was central, somewhat enlarged, and the uterus could be felt apparently to rise pear-shaped from it, very much as in pregnancy at the fourth or fifth month—indeed this condition was at first suspected, but further examination proved it not to be; the firmness of the tumour then suggested the idea of a uterine fibroid, but this was doubtful in the absence of other symptoms. The bowels being rather confined, an enema was ordered, which acted very freely, and a considerable quantity of hardened fæces came away; there was at once a great diminution in the size of the tumour. Two days subsequently the enema was repeated, with similar results, and, after a third injection, the whole of the tumour disappeared; the uterus, which had been quite fixed, became freely movable, and the cure was complete. I ought to add that, from the first, there was no accumulation in the rectum, nor could any lumps be detected anywhere per vaginam. The swelling was, in fact, uniform all around the uterus, and seemed to spring equally from it at about the level of the internal os, just as exists ordinarily in pregnancy, or as I have seen it with an intra-uterine fibroid. The lesson taught by such a case is, Be careful always to secure thorough evacuation of the bowel before giving an opinion in doubtful cases.

I have already alluded to the possibility of an error in diagnosis as between fibroid tumour and cancer; such a mistake can only occur in cases where the tumour has taken on a sloughy condition, thus occasioning an offensive discharge, and where on vaginal examination a jagged irregular mass is felt having very much the character of epithelioma. A little care will, however, readily demonstrate the existence of a distinct tumour projecting through a cervix unaffected with disease; and this is proof of the non-existence of cancer. There is, moreover, absence of all the constitutional symptoms of cancerous cachexia.

I have not time now to consider the differential diagnosis of uterine fibroid tumours and pregnancy. I therefore pass on to consider the only remaining point in regard to the diagnosis of these tumours—viz., the liability of mistaking them for ovarian tumours, or *vice versâ*. I have already considered this point in the case of a small tumour which does not rise above the pelvic brim. Let us now see how it stands where the tumour occupies a good deal of the abdominal cavity. First, in regard to clinical history: fibroid tumours of this size are almost invariably associated with menorrhagia, metrorrhagia, or intercurrent uterine hæmorrhage, and more or less watery discharge. Ovarian tumours, on the other hand, have none of these things. Fibroid tumours of this class have usually a very long history, extending over many years, and often producing comparatively slight constitutional disturbance, with little effect upon the general health. Ovarian tumours, on the contrary, grow much more rapidly, often produce great emaciation, and generally give rise to some constitutional disturbance. As regards the tumour itself, uterine fibroids are mostly central in position, freely movable, often nodular and otherwise irregular in shape, hard, solid, non-fluctuating; while ovarian tumours are situate more on one side than the other; and even if they are so large as to occupy most of the abdominal cavity, they still have a one-sided tendency, as revealed by percussion, there being often a greater extent of resonance on one side than the other. They are rarely movable to any extent in comparison with a fibroid,

a fact which is due, I think, in great part to the rapid growth not admitting of proportionate growth in the abdominal muscles, which are consequently rigid upon the tumour, and so keep it fixed. Their shape is generally uniform; they are seldom or ever nodular; always, or with very rare exceptions, fluctuating, never hard, and scarcely ever solid. Percussion is the same in both cases. Auscultation occasionally, but by no means frequently, gives, in the case of fibroid tumour, a distinct bruit. This is extremely rare in ovarian tumours; but I observed it once most distinctly in a case which I subsequently operated upon. It cannot therefore be trusted in diagnosis. As regards the vaginal examination, the indications here are generally very distinct and definite: in fibroid tumours, the relation of the uterus to the tumour is much more intimate than in the case of ovarian tumour, and this applies to all kinds of fibroids, though, of course, it is much more marked with some than with others; much more, for instance, with the submucous and interstitial than with the subserous. The differential characters of the two kinds of tumour already described as discoverable abdominally may be noted also per vaginam—that is to say, hardness, solidity, and irregularity of surface, as against elasticity, rotundity, and a sense of fluctuation by external percussion. The point of prime importance, however, in the vaginal examination refers to the uterus and its relations. In intra-uterine or interstitial tumours there will be no difficulty in tracing digitally enlargement of the uterus, even in cases where the tumour is high up towards the fundus, and where the cervix is perfectly free from disease, normal both in size and structure. Pressure on the tumour externally will generally bring it within vaginal reach, and by carrying the finger all round we can always trace its connexion with the uterus. But the most conclusive evidence is afforded by the use of the uterine sound; in cases of the submucous variety the uterine cavity is necessarily elongated, and the measure of its length indicates, not only the nature of the case, but the probable size of the tumour. In the interstitial variety there is also of necessity some enlargement of the uterine cavity, but the evidence which the sound affords is here of far less value, because only a small part of the tumour may project into the uterine cavity, while the bulk of it distends the peritoneal surface. In the case of subserous uterine fibroids, the cavity of the uterus is not necessarily, nor even commonly, enlarged; at least, not in any marked degree. The sound, therefore, affords no indication as to size, which may be judged of by external palpation, but it gives almost equally conclusive evidence as to the uterine character of the disease, for with the sound in utero any movement of the tumour externally is communicated at once to the uterus itself, and may be seen by its effect on the handle of the instrument. This point is seen with even greater distinctness in the case of the two other varieties, for with them the slightest movement of the tumour is at once trasmitted to the handle of the sound. Now, in the case of an ovarian tumour, the evidence afforded by the use of the uterine sound is entirely negative in character, though positive in value; in the main it consists in a simple negation of all that I have just described. There are, however, some few exceptions on both sides. For instance, an intra-uterine tumour may be so adherent all round that, though itself of very great size, there may be no measurable increase in the uterine cavity. Again, a subperitoneal fibroid may be attached to the uterus by such a long pedicle that in this respect it resembles an ovarian tumour, and its effect upon the uterus, and so on the sound, by external pressure will be identical in both cases. Lastly, an ovarian tumour may be so intimately adherent to the uterus that the mobility of the latter by pressure on the former will be such that the sound affords no trustworthy evidence in the differential diagnosis of the two conditions. Speaking generally, it may be said that, in the case of large uterine fibroids, there is more deformity and more displacement of the uterus, as revealed by vaginal examination, than in the case of ovarian tumours.

In conclusion, as I have spoken of the great value and use of the uterine sound in the differential diagnosis of uterine and ovarian tumours, I may perhaps be excused for giving a few words of caution in regard to the employment of that instrument. I have seen and heard of so much mischief resulting from its use that I have several times asked myself the question, whether, while admitting to the full the immense value of the sound in giving us great precision in uterine diagnosis, the balance of evil is not such as to make one regret that it was ever invented. This may seem a hard saying to some; but at least I hope it may lead to greater caution in the use of that instrument. I very much question whether, valuable as the sound is, it has ever been the means of saving a single life; while I have no doubt whatever that it has caused the death of many, and entailed years of suffering on many more. I have seen peritonitis result from its use on several occasions, and I know of two cases in which death ensued. It is only right that I should speak thus gravely by way of caution after all that I have said this evening in favour of this instrument; and I am induced, moreover, to do so because I see in some of our text-books directions for the use of the sound which, if carried out, are sure to entail in some cases evils of the worst kind. When, for instance, we are told to differentiate between a fibroid tumour of the uterus and an ovarian tumour by endeavouring to move the tumour with the sound in utero—when, further, attempts are made to prove that the passage of the sound through the fundus uteri is a perfectly innocuous proceeding, because, forsooth, this has happened in a few most exceptional cases,—I think it is time that a warning note were sounded to prevent catastrophes that must otherwise happen. I trust that what I have said will not be misunderstood, and that caution, not temerity, will be your maxim in practice, especially in the employment of this very useful instrument.

## NOTE ON ARMY MEDICAL SERVICES.

BY C. A. GORDON, M.D., C.B.

"THREE requirements are necessary," says Dr. Chenu,* in regard to the medical officers of an army—"namely, number, quality, and freedom of action." He then proceeds to discuss the proportion of those officers to soldiers at different times and in different countries. Beginning with the First Empire, he observes that in the armies of Napoleon there were 8000 surgeons to an effective of about 1,000,000—that is, rather more than 1 to 130 men. That great commander had four and five times more medical officers with his ambulances than there were in the more recent wars where French troops were engaged, notwithstanding that the new descriptions of weapons cause a much greater ratio of casualties than those of older date. In 1830, when the French troops landed in Algeria, there were with them 12 medical officers per ambulance, or 6 per 1000 effectives. In the Crimean war so great had been the falling off in the state of the *service de santé* that only 78 medical officers accompanied 108,000 troops, or in a proportion of 0·72 per 1000. During that campaign numerous casualties occurred in their ranks. These were filled from France, the deaths among the medical officers amounting, when the war ended, to 82; of whom 58 succumbed from typhus, that disease having, as is well known, prevailed to a terrible extent among the troops in consequence of the objections of the *Intendance* to carry out hygienic measures proposed by the medical officers. In illustration of the inadequacy of medical officers for the duties connected with the wounded, it is stated that, after the battle of the Alma, each surgeon had 50 cases to look after. These, allowing ten minutes to each, took up nine hours of continued work, without taking into account operations of different kinds, including the application of ligatures, amputations, &c. This over-strain on their powers was far too great; they speedily became attacked in great numbers by camp diseases, more especially typus fever, and not only themselves perished thereby, but the soldiers, being inadequately attended, died in large numbers. Throughout the whole of this campaign the average proportion of medical officers to patients under treatment was 1 to 300. According to the scheme by the then Director-General, there were 94 medical officers to 30,000 British troops, or a little over 1 to 300 for hospital purposes, these being in addition to regimental establishments, and thus raising the total proportion to about 1 medical officer for 150 men.

* Mortalité dans l'Armée.

In the Italian war there were 132 medical officers to 160,000 French troops, or a proportion of 0·82 per 1000 with the first line. It is recorded that the main cause of the sufferings of that army arose from the deficiency of medical aid, there not being one quarter the number of surgeons to meet all the requirements of the sick and wounded. After the battle of Magenta each surgeon with an ambulance had 175 wounded men to attend, and after Solferino 500. Thus the latter number, allowing only *three* minutes to each, would occupy twenty-four hours of incessant work on their part, irrespective of severe wounds requiring operation. It is not therefore to be wondered at that in many instances men lay on the field unattended to during three and four days, that many were not dressed until ten days after the battle, and that many others died without ever having received help. There were no more than four surgeons to each ambulance, and it became therefore necessary to obtain such assistance from the Italian civilian medical men as could be procured. Many of those whose services were thus accepted had never seen a case of wound or performed a dressing; their treatment was such that it is said of them, "After the rifled cannon, there is nothing so deadly as the surgeons of Turin." The soldiers lost confidence in them, and with it that *morale* which arises from the knowledge that with the arm which wounds is that which gives assistance.

During the war of the Secession the surgeons with the active forces of the Federals were in the proportion of about one to 400 effectives. These, however, represent no more than a portion of the professional aid given to the sick and wounded. The Sanitary Commission supplemented the regular army service in the field, provided amply for the transport of the disabled to the rear by means of carriages and railway trains specially fitted and arranged for the purpose; erected hospitals for their accommodation; provided medical men and nurses for their proper attendance; and, moreover, introduced the innovation of placing all arrangements bearing upon the welfare of the sick and wounded under the direct orders and responsibility of the surgeons, with what result is recorded in Circular No. 6 from the War Department, Washington, in 1865. "Never before," it states, "in the history of the world was so vast a system of hospitals brought into existence in so short a time; never before were such establishments in time of war so little crowded or so liberally supplied. They differed, too, from the hospitals of other nations in being under the command of medical officers, instead of placing at the head of establishments intended for the treatment of disease and wounds officers of the line, who, whatever their other accomplishments, could not be expected to understand the requirements of medical science; and who, with the best intentions in the world, might seriously embarrass the action of the surgeon, as was sadly the case in the Crimean war. Our Government, with a wiser discretion, made the surgeon the commandant of the hospital; and thus, while holding him responsible for the results of its management, put it into his power to do much to render these results favourable. The medical staff can point with pride to the consequences of this liberal course. Never before in the history of the world has the mortality in military hospitals been so small; and never have such establishments so completely escaped from diseases generated within their walls."

In the Austrian war of 1866, the Prussians had not yet imported into the medical service similar improvements to those that had been made in other branches of the army. The number of surgeons with their troops was deficient; 142 imperfectly qualified men had to be employed; 240 surgeons were wanting to complete their establishments; and as a consequence, after the battle of Königratz, 26,000, including Prussian and Austrian wounded, were left behind, totally without medical assistance, and unsupplied with food or water.

Notwithstanding past experience of, and the disastrous results that had followed from, an insufficient surgical staff in war, nothing actually had been done to place the French *service de santé* upon a proper footing when, in 1870, war was declared. In that year the proportion of medical officers to effectives in that army was 2 per 1000, while, as if to render the contrast the more striking, there were 4½ veterinary surgeons per 1000 horses, although horses when more than trivially injured in battle are simply destroyed. Humanity, policy, and necessity demand that in the case of soldiers wounded in action the greatest possible care should be bestowed upon them. When the forces took the field the ambulances were all insufficiently provided with medical officers, and some are said to have been absolutely without any. It is upon record that immediately after the early actions of the campaign the troops, seeing the inefficiency of their surgical staff, became discouraged, and had it not been for the benevolent exertions of members of the Red Cross Societies, a very great disaster would have happened to the wounded. There is a tide in the affairs of men; so there is in fashion. What has been done in one war may not be so in another; and what may be done in Europe is not to be calculated upon for war occurring out of Europe. Under such circumstances, the regular *service de santé* can alone be looked to for all purposes. Any further assistance must be altogether supplementary, and ought to be subordinate to it.

Dover.

## ON PARALYSIS, CONVULSION, AND OTHER NERVOUS AFFECTIONS IN SYPHILITIC SUBJECTS.

BY THOMAS BUZZARD, M.D.,
PHYSICIAN TO THE NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

(*Concluded from page 588.*)

So much has been incidentally said in these papers respecting the treatment of diseases of the nervous system dependent upon syphilis that but little remains to be added upon this point. Ricord's views as to the most appropriate treatment for the different stages of constitutional syphilis may be thus epitomised. In the primary stage, mercury. For secondary symptoms, when these are uncomplicated, mercury; when they are blended with those of a tertiary character, the treatment is a mixture of mercury and iodide of potassium. In the tertiary stage he relies upon iodide of potassium. And this scheme would probably represent very fairly the views of those who have had large experience of the disease. In the class of cases, however, with which we are specially concerned, as I have before described, it is not by any means always possible to say whether the symptoms of nervous affection which are observed belong to the secondary or tertiary stage. Our treatment therefore must be to a certain extent tentative. My own plan is always to commence, in a case of this kind, with iodide of potassium. In a majority of instances this drug, which will often require to be pushed to large doses, will be sufficient to bring about a cure of the symptoms, or at least a very important improvement. If, however, after three or four weeks of such treatment, employed with sufficient boldness, the improvement is not marked, I give mercury, which will sometimes then act with remarkable effect. The preparations which I chiefly employ are, the perchloride and the red iodide; and I do not know that preference, for any particular reason, is to be given to one or other of these forms. As a matter of practice, I think I have found that the red iodide, given in solution of iodide of potassium, is less apt to cause irritation of the abdominal organs than the perchloride. It is very seldom that either causes salivation. Where it is desired to produce, and to keep up for some time, a slight action upon the gums, this can be effected in the usual manner by appropriate doses of blue pill or grey powder. The French very largely employ the green iodide, a preparation but seldom used in England, probably because it is unstable, some biniodide being apt to form in it when it has been long kept.

A word as to the dose of iodide of potassium. After a good deal of hesitation, and trial of various quantities in a considerable number of cases, I feel convinced that in syphilitic affections of the nervous system it is often necessary to employ doses of this drug which are far beyond those usually ordered. In several instances I have observed something of the following kind to take place. An improvement up to a certain point has been produced by doses of iodide of from ten or fifteen to twenty grains three times daily. The patient has then remained at this stage,

or progress has been very slow, whilst continuing to take this amount. On increasing it, however, by rapid steps to thirty, forty, sixty, or even ninety grains three times a day, the case has responded immediately and *pari passu* to the additional quantity of the drug. There are two patients in the hospital at the present time who are striking instances of this effect. In each the dose was pushed gradually to ninety grains three times a day, with marked beneficial effect, and I may add that the patients themselves express an unhesitating opinion upon this point. There is nothing new of course in the employment of large doses. Forty years ago the late Dr. Elliotson used to give as much as two drachms three times a day,* and with remakably good results. But of late years, as a general rule, the dose has been so moderate that to many practitioners the employment of ten grains at a time is only gradually arrived at, and with some caution. No doubt in a very large number of cases a comparatively small dose is all that is required, and in practice, therefore, it is well to begin with a dose of ten grains, and increase it if necessary. I feel tolerably sure from repeated experiments that the iodide may be used, if occasion require it, as freely as the bromide of potassium, and that the opportunity of doing great good in syphilitic nervous affections is nearly as often missed by the employment of inadequate doses of the former drug as used notoriously to happen in respect to epilepsy from the exhibition of too small doses of the latter. Symptoms of iodism, very like those of severe nasal catarrh, will occasionally present themselves, but just as frequently, so far as I have seen, when the amount of the salt employed is small as when it is considerable, and it is very rare indeed that the use of the drug has to be given up on this account. Occasionally, too, a kind of large pustular acne is a disagreeable consequence of its administration, but this is not so common as where the bromide has been given.

Whether iodide of potassium, or mercury, or both be employed, a very long continuance of the treatment seems always to be required, and an immediate resumption of it at the slightest indication of relapse. In certain cases, arsenic and iron may be used with advantage in addition to these means, bromide of potassium may be added in cases of convulsion, and electricity may be employed to help the nutrition of wasted muscles; but practically the treatment of this class of nervous affections is the treatment of the constitutional disorder.

Grosvenor-street.

---

## ON THE ANTISEPTIC SYSTEM,

### AS SEEN IN PROFESSOR LISTER'S WARDS AT EDINBURGH.

By RICKMAN J. GODLEE, B.S.,

SURGICAL REGISTRAR AT UNIVERSITY COLLEGE HOSPITAL.

ALTHOUGH the vital importance in surgery of the antiseptic system is now very generally recognised, it is difficult for those who have had little experience of the advantages to be derived from the treatment to form a just appreciation of its merits, even though fully convinced of the truth of the great principles upon which it is based. To such, therefore, an account of the comparatively recent improvements in practical details may not be without interest, illustrated by notes of a few cases, showing the character of the results which are now obtained in Mr. Lister's wards at the Royal Infirmary of Edinburgh; and as I have during three months of last session enjoyed unusual opportunities for observing for myself the efficiency of the treatment in his hands, I have asked and obtained his consent to the publication of the following facts, some of which have not hitherto been laid before the profession.

Mr. Lister principally relies at the present time on three antiseptic agents: Carbolic acid, boracic acid, and chloride of zinc, each of which is possessed of peculiar properties, which render their employment advisable under different circumstances. The first differs from the other two in being volatile, and is therefore employed by preference in every case in which a cavity exists, into which regurgitation of air is liable to occur, both during and after the changing of the dressing; any such air is deprived of its septic influence by the vapour of carbolic acid which exists between the meshes of the gauze or amongst the drops of the spray; but it would be quite unaltered after passing through a substance containing a non-volatile antiseptic salt, such as boracic acid, the action of the latter being confined to the objects with which it comes into actual contact. The proportion of the ingredients with which the gauze is saturated is as follows: by weight—carbolic acid 1, resin 5, paraffin 7. The resin is employed on account of the tenacity with which it holds the carbolic acid, the paraffin (which gives it up with great readiness) being added to give the mixture a suitable consistence. In making a dressing a sufficiently large piece is folded in eight layers to overlap the wound in all directions, to a greater or less extent, in proportion to the amount of discharge that is anticipated. Between the two outer layers a piece of thin macintosh cloth (stained red for distinction) is interposed, by which the discharge is made to traverse the whole of the seven inner layers before it becomes exposed to the causes of putrefaction by reaching the surface. Without such an arrangement the continual flow of fluid would soon exhaust the carbolic acid from the part of the gauze immediately over the wound, and this would then cease to form a barrier to the spread of decomposition inwards.

For use as a lotion, carbolic acid is dissolved in water in the proportions of 1 part to 20 or 1 to 40; the weaker solutions being now abandoned, as they did not appear to be perfectly trustworthy. The 1 to 20 lotion is employed for destroying already existing organisms, as—e.g., in the injection of a recent compound fracture, for purifying the epidermis of a part on which operation is to be performed, or for the cleansing of an ulcer in which putrefaction has been allowed to take place. The solution of 1 in 40 of water is used for the spray, and during the changing of an ordinary dressing, and for most purposes it will be found a lotion of very convenient strength. Before an operation, some of the instruments, such as the saw and cutting pliers, are purified by smearing them with a solution of one part of the acid in ten of olive or other sweet oil, and the same is used as a temporary dressing after operation on some putrid cases to be afterwards described (*vide* the case of W. McK.); but for cleansing knives and most other instruments, for which the oil has no special virtues, either in facilitating their working or in penetrating intricacies of their surface, dipping in 1 to 40 watery solution is quite sufficient. It is of great importance that catheters &c. should be freed from septic germs before use, as there can be no doubt that in very many cases decomposition of urine has followed the introduction of instruments into the bladder. For this purpose a 1 to 50 of oil is found to be sufficiently powerful, and it does not, as do stronger solutions, prove in the least irritating to the urethra.

The antiseptic qualities of boracic acid were discovered a short time ago in Sweden; but though used for preserving articles of food, it had not proved of any value as a surgical application until its slight solubility in water was ingeniously turned to account by Mr. Lister, for the purpose of storing up a supply of the acid in the so-called boric lint. As boracic acid is much more soluble in hot than in cold water, the effect of soaking lint in a saturated boiling solution is a copious deposit of the crystals throughout its substance on cooling and drying; and as these will be but slowly acted upon by the discharges from the wound, which are at or below the temperature of the body, the lint remains for a considerable time efficacious as an antiseptic application. A cold saturated solution of the acid is also employed as a lotion, with the assistance of which a moist dressing may, if required, be made by wetting with it the boric lint, over which is placed a piece of ordinary oiled silk or gutta-percha tissue. But, as a general rule, in cases free from putrefaction it is used as a dry dressing, overlapping a piece of the protective moistened with the lotion, and it is often found very convenient to fix the lint by means of collodion, its edges having been previously frayed out with a pin for the purpose. The special advantage of boracic acid is its extreme blandness; it is in substance almost tasteless, and as the crystals themselves are very soft and almost greasy, resembling closely in physical properties those of the crystallisable fats, it acts but very slightly either as a mechanical or chemical irritant; but its non-volatility, for the reasons before mentioned, limits its

* THE LANCET, Feb. 18th, 1832.

application to superficial sores, in the treatment of which it will be found invaluable.

Chloride of zinc, though long known as a surgical remedy, owes its reputation largely to its employment by Mr. Campbell de Morgan, of the Middlesex Hospital. It is remarkable as well for the potency of its action as for the duration of its effects; thus, besides being a most efficient corrector of putrefaction, it has the advantage of preserving or pickling the part to which it is applied for about three days. But as, like boracic acid, it is non-volatile, and is moreover a powerful caustic to the tissues, its employment is confined in Mr. Lister's practice to a limited number of cases. He makes use of a solution of forty grains to the ounce of water for application to the surfaces of the wound, after operating on a part where decomposition is already present, or on one which communicates directly with one of the natural cavities of the body (as, for example, after removing piles or cutting a fistula); and in this way, even if putrefaction be not completely eradicated, its noxious products cannot influence the general cavity of the wound during the three days prior to granulation, when the tissues are specially prone to irritation and absorption. For the method of employment in the former class of cases, I may refer to that of J. W—— given below, and to that of W. M'K——, who, besides other injuries, had sustained a severe compound fracture of the ring-finger of the right hand, which was not submitted to Mr. Lister's inspection till several days after the accident, when it was found that the wound had putrefied and was much inflamed, having assumed a sloughy appearance, while the proximal phalanx was necrosed. Mr. Lister amputated the finger, removing the necrosed phalanx with dressing forceps, and fashioning two lateral flaps from the inflamed tissues. After removing as far as possible the adherent sloughs, the raw surfaces were freely treated with the solution of chloride of zinc, and a piece of lint soaked in carbolised oil (1 to 10) was inserted between the lips of the wound, which were not brought together at all, and the whole hand was loosely enveloped in the antiseptic gauze. The oiled lint was changed by the nurse every three hours during the first day, and afterwards the little and middle fingers were bandaged together and the ordinary gauze dressing applied, the case being from this time treated as though it had been "aseptic" from the first. The wound rapidly assumed a healthy appearance; while the discharge, which had previously been copious and foully offensive, became serous, and rapidly diminished in amount, remaining free from putrefactive odour to the last. Very soon after the operation symptoms of tetanus appeared, which eventually proved fatal to the patient; but it must be added that this is only the second case of tetanus that has occurred in Mr. Lister's practice during the last six years, and, as in both of these decomposition had been allowed to take place, it is only fair to infer that in them, at least, it had something to do with the disease. It is also worthy of remark that in Mr. Lister's wards all arrangements as regards bedding, utensils for urine, &c., are so planned as to avoid as much as possible the vitiation of the atmosphere by putrid emanations, and this circumstance no doubt aids the antiseptic management of the cases in bringing about the perfect immunity from pyæmia and hospital gangrene, which, considering how crowded the beds are, constitutes one of the most remarkable as well as beneficent features of the treatment.

After operations about the face or mouth, the action of chloride of zinc is found to be exceedingly beneficial. Thus, in the case of S. F——, half of whose lower jaw was removed by Mr. Lister on Jan. 15th, 1873, on account of a very large and rapidly-growing sarcoma, the chloride was applied freely to the surface of the wound, while over the incision in the skin a boric dressing was placed, under which union by the first intention went on without interruption. There was not the slightest offensive smell about the patient's breath on the second and third days after the operation, and he was thus saved from the irritation, to say nothing of the risk, which is so often connected with this period in such cases.

All those who have applied a lotion containing carbolic acid to a raw surface must have noticed, as a result, that the serous discharge of the first few hours is much greater in amount than that which occurs in similar cases where simple water is used; and this evil—for an evil it is—is probably a necessary one in connexion with the antiseptic treatment, as it can hardly be supposed that an agent powerful enough to destroy the living causes of putrefaction should be absolutely unirritating to the higher animal tissues. It involves, however, the necessity for providing a very free drainage at first; but as, if decomposition do not occur, no subsequent inflammation is anticipated, and as in most cases early union of the cutaneous surfaces is of very great importance, the simple method of attaining this result by leaving a wide interval between the stitches is seldom advisable. Accordingly, Mr. Lister makes use in almost all his cases of the drainage-tube, his modification of which is as follows: A piece of india-rubber tubing provided with suitable holes is cut obliquely at the inner end, so that it may not be closed by pressing against the flat surface of the interior of the wound, while through opposite sides of the tube, close to its outer extremity, two pieces of silk are passed with a fine needle, and the ends of each are cut at a distance of about two inches, and fastened together by a knot. It should be of such a length that when inserted as far as possible into the wound, its outer end, previously cut obliquely or transversely, according to the direction of the sinus, may be exactly level with the surface of the skin, a position which the pieces of silk will be found to maintain. With such an arrangement the discharge is shed with great perfection, and the surgeon may place the stitches as close together as he pleases.

Another way of accomplishing the same thing is by means of the sponge, the use of which is indicated in those cases where a cavity remains the walls of which it is desired to keep in apposition by the uniform pressure which this method provides. The sponge, previously soaked in a strong watery solution of carbolic acid and thoroughly squeezed, is applied over the wound between the protective and the folded gauze, the whole dressing being firmly secured by a bandage. Unless combined with a drainage-tube, a pretty wide interval must be left between the stitches. As an example of its employment, I may refer to the case of E. F——, a young lady four years of age, from whom Mr. Lister removed an enchondroma of the size of a hazel-nut, growing from the posterior border of the scapula. At the operation, which took place on March 5th, 1873, the arm was held well back by an assistant, so as to render the tumour prominent under the skin, and an incision 1¼ in. to 2 in. long was made down on to this parallel to the edge of the bone; while another, 1 in. long, was carried outwards at a right angle, from the centre of the first. After cutting through the superficial fat and the overlying muscle, an oblique notch was made in the scapula on each side of the tumour, and the piece enclosed between the two was then removed with cutting-pliers. When the arm resumed its natural position, the edge of the bone was at some distance from the wound. No stitches were employed; but protective was placed on the incision, and over this the sponge, and then the gauze dressing, and the whole was well secured by a bandage. The sponge was removed on March 6th; and neither then nor at any subsequent period could anything be pressed out of the wound, nor was a trace of pus seen from first to last. On March 21st a sound cicatrix, evidently some days old, was disclosed on finally removing the dressing.

*(To be concluded.)*

## A NOTE CONCERNING THE HYDRATE OF CHLORAL.*

BY HENRY J. MANNING, B.A., M.R.C.S.,
MEDICAL SUPERINTENDENT, LAVERSTOCK HOUSE ASYLUM.

I HAVE under my care two gentlemen, the subjects of monomania with occasional exacerbations of excitement and obstinate sleeplessness, whom some short time since I put under the following treatment:—In the one case, an elderly man, I prescribed five grains of chloral hydrate twice daily, with thirty grains on alternate nights; in the other, a man in the prime of life, ten grains of chloral hydrate twice a day, and forty grains, combined with ten minims of Battley's solution, every night; insisting also on daily walking ex-

* Paper read before the Salisbury Medical Society, Feb. 1873.

ercise for two or three hours. In the first case, after some seven or eight weeks' treatment the patient became unaccountably depressed and very weak, especially in his lower limbs, this weakness increasing until he was compelled to give up his daily walks from sheer inability to put one leg before the other. In the other case, after twenty-five days' treatment, there appeared the same depression, the same weakness, and, suddenly one morning, complete loss of power in the lower limbs, and a very alarming condition of collapse—cold surface, fluttering pulse, and so on. There was no loss of sensation, nor was there any hyperæsthesia; but there was, in the one case partial, and in the other absolute, loss of muscular power in the lower limbs.

Casting about for an explanation of these alarming symptoms, it occurred to me that the hydrate of chloral might be at the bottom of them. The drug was at once stopped, and (in accordance with the recommendation of Dr. Liebreich, who first introduced the drug into medical practice, and who states that strychnia is its antidote) liq. strychniæ was prescribed in each case. Gradually muscular power was restored, and in the course of a few days both patients had regained their usual condition.

I had been so much in the habit of prescribing hydrate of chloral in similar cases without having encountered anything like an untoward result, that I was slow to believe in it now; but the similarity of the symptoms in the two cases, and their cessation on the discontinuance of the drug, leave no room for doubt as to their origin. Indeed they can be attributed to nothing else.

I have looked in vain through the English literature of the subject for any precisely similar cases of chloralisation. There is, however, abundant evidence that when taken for any length of time hydrate of chloral produces a hyperæmic condition of the skin and a diffuse inflammatory erythema of the face and chest, which Dr. Brown-Séquard ascribes to a temporary paralysis of the vaso-motor centres of the head and neck; and Dr. Crichton Browne, following this lead, throws out the suggestion that if the use of the drug be continued, this paralysing influence may extend to the spinal cord and medulla oblongata, which seems actually to have happened in the two instances I have related. The latter writer, who has charge of some 600 insane patients in the West Riding of Yorkshire, found this erythema result in 19 out of 40 cases—i. e., nearly one-half; and in one fatal case of chloralisation which occurred in his practice he observed that the patient after each dose of chloral became flushed a deep red over the face and neck, and staggered in his walk as though intoxicated—pointing to a partial locomotor paralysis. Then the deaths that have occurred from over-doses of chloral hydrate have not occurred with symptoms of narcotism, but have been sudden—a sudden lowering of the pulse and failure of the heart's action, pointing to a powerful paralysing influence on the sympathetic. Add to this that in the German literature of the drug, particularly in the writings of Drs. Erlenmeyer and Liebreich, it is pointed out that the long-continued use of the hydrate of chloral produces decubitus, and that the latter gentleman found that in a case of progressive paralysis the symptoms became rapidly worse after its continued use, and again improved after the use of the drug had been abandoned,—and I think we may fairly conclude that, in addition to the depressing influence of this drug, which is, I believe, universally admitted, there is also a tendency, if its use be prolonged, to produce a locomotor paralysis. As to how this is brought about I give no opinion, except that it seems to me quite consistent with the proposition of Dr. Liebreich, that hydrate of chloral, when dissolved in the stomach and taken up in the blood, becomes converted into, or evolves, chloroform. I think one may readily conceive a paralysing influence being brought about by a continued current of small quantities of chloroform through the circulation. However, we know but little of the *modus operandi* of any one drug in the Pharmacopœia; and of hydrate of chloral, inasmuch as it is the last, we know the least.

It may, perhaps, have seemed that in the cases I have related the quantities prescribed were unusually large. If so, I would remark that in the earlier days of its use such doses as sixty grains every three or four hours, in cases of delirium tremens or tetanus, were common enough; that Dr. Richardson himself has stated sixty grains to be a proper dose for an adult, and has no fear of pushing it to doses of 120 grains; and that in one hospital a dose of 170 grains was given by mistake and there was no ill result. It is true that practitioners have now settled down to twenty-five grains as a medium average dose; but in asylum practice we find the average doses of many drugs to be practically inert—e. g., tincture of hyoscyamus, of which the officinal dose is stated as fifteen to twenty minims, is constantly prescribed in asylums in half-ounce doses or even more; bromide of potassium, of which the officinal dose is five to fifteen grains, is frequently prescribed in asylums in half-drachm doses. And so with hydrate of chloral, although the average dose may be twenty-five grains, the asylum medium dose is from forty-five to sixty grains; and these doses I have constantly prescribed with safety.

I do not, of course, intend to generalise on the strength of two cases. Still less do I wish to throw any doubt on the usefulness of hydrate of chloral; on the contrary, I believe it to be one of the most useful and most certain drugs, taken as a simple sedative and hypnotic, ever introduced into practice. But I am also convinced that it requires careful watching; and I have thought it my duty to place these two cases on record. They form a clinical fact; and they seem to me to point to, at any rate, one danger which may arise from a too prolonged use of this agent.

# A Mirror
## OF
# HOSPITAL PRACTICE,
### BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

## ST. GEORGE'S HOSPITAL.

### MALIGNANT DISEASE OF THE FEMUR; AMPUTATION AT THE HIP-JOINT; RECOVERY.

(Under the care of Mr. POLLOCK.)

AMPUTATION at the hip-joint is one of the most dangerous operations in surgery; but it has been sufficiently successful to justify its performance in cases like the following, where the whole of the femur must be removed. The danger of severe hæmorrhage during the operation has been almost entirely removed by the use of the tourniquet, first suggested by Professor Pancoast, and subsequently, but independently, by Professor Lister. The usual method of performing the operation is to make antero-posterior flaps; but some surgeons prefer lateral flaps, making the outer one first, thus leaving the femoral vessels to be divided with the inner flap. Both plans have their advantages.

For the following notes, taken by the clerk, Mr. Tamplin, we are indebted to Mr. Cresswell Baker, house-surgeon.

F. D——, a boy aged thirteen years and a half, was admitted on Nov. 20th, 1872. The history of the case is as follows:—In July, 1872, he first experienced pain in the thigh; and about the middle of September a tumour, about the size of a hen's egg, was detected by Dr. Daniels, at the junction of the middle and lower third of the femur. A month later, Mr. Pollock made a puncture into the swelling; but only a little blood escaped. For two weeks before admission the pain increased in severity, the size of the swelling almost doubled, and the patient lost flesh rapidly.

On admission he was pale and emaciated. There was a swelling occupying the middle third of the left thigh, extending from the inner to the outer side, across the front of the limb, upwards to within nine inches of the anterior superior spine of the crest of the ilium, and downwards to within one inch and a half of the patella. The greatest circumference was fourteen inches, the sound limb in the same situation being eleven inches. Ordered liberal diet, and to have five grains of the iodide and of the bromide of potassium three times a day.

Nov. 21st.—Slept badly; no pain in the limb. To have an

occasional morphia draught. After this he slept better; but the pain in the limb having increased, amputation at the hip-joint was determined on.

28th.—Ether having been administered, Mr. Pollock, before proceeding to amputate, made a free incision down to the tumour, and found a mass of bony spicula. Lister's compressor having been applied to the abdominal aorta, amputation through the hip-joint was performed in the ordinary manner by the antero-posterior flaps. The bleeding vessels were secured by silk ligatures, and the wound sewn up with a continuous suture. Immediately after the operation (2 P.M.), a sixth of a grain of morphia was given, and repeated at 4 P.M.—9.30 P.M.: Appears comfortable; has dozed at intervals during the afternoon; enjoyed his dinner after the operation.

29th.—3.30 and 7.30 A.M.: Had fifteen drops of tincture of opium; passed a good night; pulse 156, temperature 103° F., perspiring freely. The wound being rather painful, and the edges puffy, Mr. Pollock at 1 P.M. removed the sutures to allow of the escape of serum. Water dressing applied. Patient takes food well.

30th.—Passed a good night, and has taken nourishment freely. Pulse 140; temperature 101·4°. At 9 A.M. a quarter of a grain of morphia was given subcutaneously. The stump feels stiff, and starts, and there is inflammation at the upper part extending towards the groin.—10.30 P.M.: Great pain in the right limb. A red blush extends towards the abdomen. The wound is beginning to discharge. The patient appears slightly comatose, probably from the morphia, a quarter of a grain having been given at 7.30 P.M.

Dec. 1st.—Passed a good night. Pulse 140; temperature 105°. Had fifteen grains of tincture of opium at 3.30, and again at 7.30 A.M. To have six ounces of the egg-and-brandy mixture every day.—1.30 P.M.: Temperature 101°. Subcutaneous injection of a quarter of a grain of morphia at 2 P.M., and again at 9.30 P.M.

2nd.—Fifteen drops of tincture of opium at 4.30 and at 8.30 A.M. Pulse 128; temperature 101·8°. Had a good night; feels better; appetite good. Repeat mixture.

3rd.—At 2 and also at 10.30 A.M. had fifteen drops of tincture of opium. Pulse 130; temperature 102·4°. Slept well since 2 A.M. Tongue clean; skin hot, but moist. Had an ounce of castor oil at 9.30 A.M. At 11 A.M. had six oysters, which he threw up shortly afterwards. Healthy granulations are appearing, and the inflammation has decreased, the discharge becoming more healthy. Repeat mixture. Enema of warm water to relieve the bowels.

4th.—Pulse 130; temperature 100°. Opium repeated at 6 A.M. Tongue quite clean; skin moist and cool. At 11 A.M. had six oysters. The red wine which he has hitherto been taking to be increased from ten to twenty ounces.

5th.—At 1 A.M. had fifteen drops of tincture of opium, followed by a good night. Appetite good. Twelve oysters. Pulse 120; temperature 101°. Had an injection of warm water, which caused a very free action of the bowels. Wound healthy.—10 P.M.: Opium repeated.

6th.—Pulse 128; temperature 109·2°.—2.45 A.M.: Opium repeated; skin cool.

9th.—Opium repeated at 2 A.M.; temperature 99·5°. Several loose ligatures were removed and the edges of the wound brought together with strapping.

11th.—The patient continues to improve; temperature 100·1°. Seven ligatures removed.

13th.—The ligature from the femoral artery removed to-day. Patient has complained of pain in the stump for several days. The opium is given twice a day.

17th.—Wound restrapped. Pain in stump very bad at times. Opium repeated at 9.30 P.M.

18th.—Pulse 130; temperature 102°. Appetite bad; does not appear so well. Sat up in bed in the afternoon, which made him feel faint.

19th.—Pulse 130; temperature 99·4°. Sleepless night owing to pain in the stump. Opium repeated at 10 P.M.

20th.—Pulse 125; temperature 100°. Continues to improve. Opium repeated at 9 P.M.

21st.—Dressed and sat up in bed to-day.

24th.—Left the hospital, the wound being almost closed.

Jan. 1st.—Began to move about on crutches.

Dr. Whipham states that the tumour, on examination, was found to be encephaloid, springing from the periosteum.

## UNIVERSITY COLLEGE HOSPITAL.

### DISLOCATION BACKWARDS OF THE HAND FROM THE LOWER ENDS OF THE RADIUS AND ULNA.

IT is, comparatively speaking, only in recent times that dislocation at the wrist-joint has been shown to be of rare occurrence. Until Pouteau, Dupuytren, and, still more recently, Colles exposed the fallacy, the cases of fracture at the lower end of the radius—the cases of so-called Colles' fracture—were always mistaken for dislocation of the hand backwards. The diagnostic points are well given in the notes supplied to us by Mr. H. Colgate, house-surgeon, who attended to the case.

George F——, aged forty-two, bricklayer, was admitted on Sept. 4th, 1872. Whilst mounted on a ladder he was straining with both hands on a rope, when it broke, and he fell backwards about eighteen feet to the ground. In his fall he struck his back against a plank sloping up to the ladder. This somewhat broke his fall, and gave him a twist to the right, so that he fell first on to his right hand, which he stretched out to save himself. He was immediately picked up and brought to the hospital. When seen by the house-surgeon he seemed much shaken, but was quite sensible, and complained chiefly of the pain in his right wrist. This presented the following deformities:—The hand was slightly flexed and pronated, the patient having no power over it, but supination could be performed to a slight extent. On the palmar surface, just above the hand, was a well-marked transverse groove, and above this a well-defined transverse ridge, running out on either side to the styloid processes of the radius and ulna, which were very prominent on either side anteriorly, and seemed to have approached the hand. On the dorsal aspect, opposite to the swelling in front, was a marked eminence, abrupt above, but below running in a straight line with the dorsum of the hand. The carpal bones forming the first row could be defined at the upper border of the dorsal swelling. Flexion was much impaired and caused much pain; extension was good; lateral movements were impeded and painful. Pain was felt over the most prominent parts of the swellings, front and back.

With the hand pronated the measurements from the external condyle to the styloid processes of the radius and ulna were the same as on the sound side, but from the external condyle to the head of the middle metacarpal bone there was half an inch shortening on the injured side. Between the styloid process of the radius and the head of the second metacarpal bone, and between the styloid process of the ulna and the head of the fifth metacarpal bone, there was also half an inch shortening on the injured side. There was a transverse wound in front of the wrist about an inch long, but not apparently very deep, also another slight abrasion in the palm.

Extension and counter-extension readily reduced the deformity, which did not return on taking off extension, and the man immediately felt relieved. All passive movements returned. No crepitus was felt. The wound was dressed antiseptically, and the forearm and hand were placed on a straight back splint with a pad over the carpus.

The man also had a bruise over the sacral region, and could not pass his water at the time. He however soon recovered, passing clear urine.

Sept. 9th.—Visited the hospital for the first time. Wound nearly healed; wrist swelled; no discoloration; movements painful.

14th.—Wound healed; wrist bandaged and splint left off.

Oct. 18th.—Wrist still weak; leather gauntlet fitted.

---

## LAMBETH WORKHOUSE INFIRMARY.

### ABSCESS OF THE BRAIN, THE RESULT OF A BLOW ON THE SKULL; ABSENCE OF FRACTURE; DEATH.

(Under the care of Mr. ROBT. H. LLOYD.)

J. M——, aged twenty-six, a labourer, was admitted into Lambeth Workhouse on the evening of Jan. 1st, 1873, suffering from hemiplegia of the left side, and having the cicatrix of a recent wound in the centre of the mesial line of the skull. The left pupil was contracted, the right one dilated.

His mind was sufficiently clear to be able to give the following history, but his utterance was somewhat thick. Up to November 30th, 1872, he enjoyed very good health, but on the evening of that day he received a violent blow on the head with a poker, which made him insensible for an hour and a half. He had been drinking heavily for some days before the accident, and continued doing so for a few days afterwards. Up to Dec. 17th he had six or seven fits, which he describes as partly convulsive and partly shaking (rigors?). On that day he experienced for the first time loss of sensation and motion in the left hand and arm, and which gradually attacked the left leg. He was removed to a public institution, which, however, he left on Dec. 27th, 1872.

On his admission into the workhouse his bowels were found confined, tongue very foul, micturition voluntary. Ordered some black draught, beef-tea, and milk diet, and head to be shaved and kept cool by some evaporating lotion.

Jan. 3rd.—4 P.M.: Had a convulsive attack which lasted all night. Bowels open.

4th.—Was sensible at 1 A.M., but at 11 A.M. was quite insensible. Left pupil contracted, right one dilated.

5th.—Is sensible when spoken to loudly, but there is paralysis of the levator palpebræ of the right side.

6th.—Is quite sensible; right pupil widely dilated; tongue coated; bowels not open. To take some house medicine.

7th.—Slept well; is sensible when spoken to loudly; utterance thick; bowels open; beats bedclothes with his right hand; right pupil and eyelid quite paralysed.—11 P.M.: Stertorous and interrupted breathing; dilatation of both pupils; clammy sweat; died at 11.55 P.M.

*Post mortem examination* (Jan. 10th).—The body was well nourished. There were several white scars on the scalp, and one cicatrix of large size and stellate in form, situate in the centre of the mesial line, and apparently from a wound inflicted a month or six weeks before; the vessels of the scalp were very much engorged. On removing the calvaria the dura mater was found closely adherent to the bone at the spot inside corresponding to the one outside where the cicatrix existed. The membranes of the brain were found very much congested, and where the dura mater was adherent to the skull, there existed a patch of effused and organised lymph, about a square inch in diameter, on the top of the middle lobe of the right hemisphere, so closely binding the dura mater and brain together that it was found impossible to separate them. On cutting into the right hemisphere a large abscess was opened, out of which escaped about four ounces of pus. This abscess occupied the roof of the right ventricle, but did not extend down to it. The skull presented no sign of fracture or injury; the effusion of lymph was circumscribed and limited to the spot mentioned. The other organs of the body were healthy, although congested.

## LIVERPOOL NORTHERN HOSPITAL.

### A CASE OF POISONING BY STRYCHNINE TREATED BY HYPODERMIC INJECTION OF HYDRATE OF CHLORAL; RECOVERY.

(Under the care of Dr. DICKINSON.)

FOR the following notes we are indebted to Mr. C. Lyon Vasey, house-surgeon:—

A. C——, aged sixteen, was brought to the hospital at about half-past five on the evening of the sixth inst., having, she said, swallowed some of Gibson's vermin-killer about half-an-hour before admission. This vermin-killer is sold in the form of a blue powder containing about half a grain of strychnine in each powder. Dr. Pugh, who saw her a few minutes after she took the poison, gave her an emetic of mustard-and-water, and had her removed to the hospital.

When admitted she was much excited and hysterical, and complained that her back felt stiff and her throat hot. Half a drachm of sulphate of zinc was administered, causing her to vomit about a pint of whitish fluid, apparently part of the mustard-and-water she had swallowed before she was brought to the hospital. About ten minutes after admission, twitching of the muscles, which was aggravated by touching the patient, even when she did not know she had been touched, commenced in the limbs and back and rapidly extended over the body, increasing in violence and rapidity, until about twenty minutes after admission the whole body was violently convulsed, the back being slightly arched, the jaws firmly clenched, and the face livid, apparently from interference with the respiration in consequence of spasm of the muscles of the chest. The respirations were very slow and laboured, ceasing entirely when the patient was moved or touched. Pulse quick and sharp. An ounce and a half of solution of hydrate of chloral in warm water, a drachm of the hydrate to the ounce, was then injected as quickly as possible under the skin of the chest, limbs, and neck. When half an ounce of the solution had been injected, the spasm of the muscles of the chest and jaws relaxed, the patient being able to breathe freely and speak, and the face resuming its natural colour. By the time the rest of the solution had been injected, the patient was asleep and the spasms had entirely ceased, though for about ten minutes longer slight twitching of the hands and feet occurred when the patient was touched. During the night she slept well, but was rather restless, and once, about four hours after the chloral was injected, she woke up and vomited, and spoke to the nurse. The next morning she felt a little sick and vomited once, but in other respects appeared perfectly well. There has been no irritation in any of the places where the chloral was injected.

She remained in the hospital for five days, and was then removed to an asylum, as she showed symptoms of insanity.

## HOSPICE MUNICIPAL, PARIS.

### OPERATION FOR RECTO-VAGINAL FISTULA.

(Under the care of Dr. DEMARQUAY.)

IN the course of a recent visit to the wards of Dr. Demarquay, at the Hospice Municipal, we witnessed the above operation, some of the circumstances of which are of interest. The operation was very ably performed on a woman aged thirty-four years, in whom an incision had been accidentally made by a surgeon in operating for polypus through the recto-vaginal wall in about the situation of the mesial line.

*Operation.*—The patient was laid on the left side and put under the influence of chloroform. The duck-bill speculum was introduced into the rectum, so as to explore the region. This is quite an original feature in Dr. Demarquay's operations on the rectum; he always uses a small duck-bill speculum as being infinitely superior to the common speculum ani in affording light and space. The incision was then disclosed to the view, measuring about two centimetres in length, and easily admitting the operator's finger. Dr. Demarquay then slit the sphincter ani and rectum towards the coccyx with a bistoury. This was done with a twofold object—to give room for performing the operation, and to facilitate later the passage of the fæces, so that they might not bear too directly on the situation of the repaired fistula. Slight venous hæmorrhage being stopped, the patient was then placed on her back, with the pelvis overhanging the edge of the pad, and the legs well held up by two assistants. A duck-bill speculum was introduced, and placed against each side of the vagina, so that the lateral walls were widely stretched open. The lips of the fistula were then largely pared, Dr. Demarquay insisting on the importance of touching up the edges of the fistula over an extended surface. Arterial hæmorrhage was stopped by means of Kœberlé's pincers (with notches in the handle, so that the pincers hold on by themselves) and two ligatures. Seven sutures, with silver wires, were then applied; and, on the vagina being carefully washed out by means of an injection, the lips of the incision were seen to be nicely and exactly adapted. Whilst the sutures were being applied, a large duck-bill speculum, passed under the pubes, held the labia widely open, whilst a small sponge at the end of a pair of pincers was introduced into the rectum in order to hold up the lips of the incision, and to prevent the posterior wall of the rectum from being taken up by the needle.

The treatment consisted of warmth, absolute quiet, opium, and sounding for urine every six hours.

# Medical Societies.

## PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MAY 6TH, 1873.

SIR W. JENNER, BART., K.C.B., PRESIDENT, IN THE CHAIR.

A REPORT from the Morbid Growth Committee on Dr. Charles Carter's Fibroid Tumour of the Ovary was read. The reporters stated that from the number of muscular fibre nuclei observed the tumour would appear to have had a uterine rather than an ovarian origin.

Mr. WALTER exhibited a Loose Cartilage, which he had removed from the knee-joint of a young man who had twice sprained the joint, and dislocated the patella. He saw him after the second accident, and discovered the cartilage. He thought it was different from the ordinary form.

Dr. DICKINSON asked if it was uncommon for a loose cartilage to form from a part of the femur which had been broken off. The specimen was referred to the Morbid Growth Committee.

Dr. BAGSHAWE showed an Epithelioma of the Tongue from a patient in the Hastings Infirmary, aged fifty-nine. He had always enjoyed good health, but a sister had died of cancer. In 1871 he complained of sore-throat, and was treated by a quack. He became worse, and in the autumn suffered with marked laryngeal symptoms and hæmorrhage. On examination by the laryngoscope, a large sloughing surface was seen at the base of the tongue, which involved the epiglottis. He hawked up mucus and blood, and gradually sank from loss of blood and dyspnœa two years after the commencement of the disease. The specimen showed a deep ulceration across the base of the tongue, almost dividing it in two. The epiglottis was replaced by the growth. The vocal cords and the cavity of the larynx were not involved.

Dr. DOUGLAS POWELL showed an Aneurism of the Aorta above the sinus of Valsalva. The specimen was taken from a man aged thirty, an out-patient at the Brompton Hospital for Consumption. When first seen he had been six months ill, and was suffering from dyspnœa and palpitation of the heart. The dyspnœa was not paroxysmal. The lungs were healthy. There was a loud double murmur over the base of the heart; the diastolic was the louder. The heart was hypertrophied and dilated. There was no history of rheumatism. He died with general œdema and albuminuria. The heart weighed twenty-one ounces. The left ventricle was hypertrophied and dilated; walls five-eighths of an inch thick. The mitral valve was healthy. Right ventricle dilated and hypertrophied. In the aorta the right and left semilunar valves were driven down into an aneurismal sac the size of a nutmeg, above the sinus. The kidneys were small and granular. The aneurismal pouch projected into the conus arteriosus of the right ventricle. He thought the case somewhat resembled what Dr. Corrigan had called acute aortitis. He thought the condition was secondary to the kidney disease.

Dr. PAYNE wished to ask one question with regard to acute inflammation of the aorta: what were the signs which would distinguish it from chronic? The idea of acute inflammation of the aorta had lately been abandoned, but Cornil and Ranvier described it, and said that it could be distinguished from an early stage of chronic or atheromatous disease by the cells being very superficial in the inner swollen coat, whilst in the chronic forms they were always in the deeper layers.

Dr. POWELL said he had not introduced the specimen as one of acute aortitis, but only thought it similar to what Dr. Corrigan had described. He would call it chronic endarteritis. He had examined it microscopically, and thought the cells were somewhat superficial.

Dr. SILVER exhibited a series of specimens of Diseased Hearts, illustrative of imperfection of the aortic valves and disease of the aorta. The first specimen was the heart of a lighterman aged twenty-eight. An opening at the commencement of the aorta led into an aneurism. The man had had rheumatism several times, probably also pericarditis. When he saw him he had endocarditis, a murmur at the base and at the apex, and the heart was hypertrophied and dilated. He died of dropsy. The second case was that of a lighterman who had never had rheumatism, but much hard work and exposure. He had a systolic murmur at the base, but no signs of aneurism were made out during life. There was an aneurismal dilatation just above the aortic valves, rendering them incompetent. The right side of the heart was dilated, and this he accounted for by the bulging of the aneurism into the pulmonary artery. The third case was that of a soldier who had had rheumatism, syphilis, and a history of drink. The aneurism projected into the neck, but there were very few signs of the tumour during life. The other organs were affected, as the liver and the spleen. The aneurism pressed upon the trachea and recurrent laryngeal nerve, but there were never any laryngeal symptoms. The fourth case was that of a woman who presented the signs of an aneurism above the sternum. At the post-mortem examination no tumour was found, but the innominate artery was twisted and dilated.

Dr. BRISTOWE exhibited two specimens of Ruptured Chordæ Tendineæ. The patients had been under his care. In the first case this was the main disease. A man aged sixty-two had been in good health till admission; there was no history of violence, &c.; he began to suffer from palpitation and cardiac disease followed by dropsy. There was a loud and rough systolic murmur heard at the apex, and over the whole cardiac region, extending along the aorta. At the autopsy the chordæ tendineæ were found thickened, and some were ruptured. He thought the murmur was produced by the free ends being driven backwards and forwards at each beat of the heart. The second case was that of a young man, a bargeman, aged twenty-one. He fell on his back a few weeks before admission, then he suffered from rheumatic pains in the back and limbs, and had a sardonic smile. Temp. 102° to 103° F. He remained in this state some days, and as the man passed his evacuations in bed, he at first thought there was some inflammation of the spinal cord. Then signs of pericarditis appeared, and a systolic murmur at the apex. He died of pulmonary complications. At the post-mortem examination the pericardium was adherent and the chordæ tendineæ ruptured. The spinal cord was examined, but there was no indication of disease, but then the spinal symptoms had ceased fourteen days before death.

Dr. BRISTOWE then showed a Hydatid Tumour of the Brain. A young girl had been ailing for nine weeks; till then she had been quite well. She complained of giddiness, double vision, and vomiting; these symptoms gradually increased. On admission she was quite sensible; there was no paralysis of the arms or the legs; she had control over the sphincters; there was no strabismus. There was some paralytic condition of the muscles of the face, the right portio dura was affected, the tongue deviated to the right, and there was slight ptosis of the left eye. During her last weeks she had one or two slight epileptic attacks. She was suddenly seized with a convulsive attack after her breakfast, and died within one hour after in a comatose condition. In the left cerebral hemisphere a cavity was found containing a hydatid cyst the size of a large orange. The fourth ventricle was dilated with fluid, and in that way the sixth and third nerves were pressed upon in their course, thus giving rise to the slight paralysis.

Dr. DUFFIN related a somewhat similar case—that of a little girl who complained of dimness of sight, which passed on to complete loss. There was double optic neuritis, great headache, but no paralysis. She died suddenly after her breakfast. A hydatid was found in the anterior lobe of the right hemisphere, quite in the front.

Dr. WICKHAM LEGG exhibited a number of microscopical specimens showing the Changes produced in the Liver by a High Temperature. It was well known that parenchymatous degenerations of the liver were far more common than was supposed when acute yellow atrophy was first described. It was a constant result of the action of many poisons, of which phosphorus might be looked upon as the type; and in puerperal fever, acute tuberculosis, pyæmia, and typhoid fever, complete solution of the cells had been noticed. This complete solution was an evidence of the high degree to which the degeneration had advanced. Setting aside phosphorus-poisoning and acute yellow

atrophy, and cases akin thereto, this finely granular condition of the cells had been chiefly met with in cases in which a high temperature had been noted, and it had been inferred that these parenchymatous degenerations were due to the high temperature of the body; but of this no experimental proof whatever existed. With this object he had narcotised four small animals with chloral, and placed them in a tin box which could be surrounded by hot water so as to raise the temperature of the rabbits. The temperature of the animals was taken in the rectum, and this was maintained at 105° or above it for twelve hours in one case, four hours in another, and six hours in the remaining two. At the end of the experiment the rabbits were killed by raising the temperature to 112° or more. After death the livers on section were found remarkably dry; very little blood exuded from the cut surface, and the acini were very indistinct. Under the microscope, the liver-cells, which in rabbits are very free from granules, were found filled with fine granular contents, so that in some cases the nucleus was invisible. These changes in the liver were found in all the animals; in most of them the epithelium of the kidney had suffered in the same way, and the muscular fibres of the heart showed an early stage of granular degeneration. We know that a very moderate raising of the temperature is fatal to the life of cells; the simple one-celled animals no longer showed signs of life after exposure to a temperature somewhat below 110° F., and it would thus seem by no means improbable that a high temperature should injure the constitution or function of the cells before it killed them. At the same time it would seem that the cells of the liver were more prone than others to parenchymatous degeneration caused by heat. The cloudy swelling of the kidney in febrile diseases had long been known to pathologists, but little attention had been paid to the state of the liver, and yet he had found, not only in these observations, but also in the bodies of patients dying of diseases attended with high temperature, or even dying of the high temperature itself, that the liver suffered far more than the kidney and far more commonly. When the fever became chronic the liver-cells began to fill with oil-drops, and this might serve to explain the occurrence of fatty liver in phthisis and other chronic febrile diseases. The albuminuria so commonly met with in acute febrile diseases was doubtless due to the cloudy swelling of the kidney caused by the high temperature.

Dr. GREEN said that the change described as parenchymatous degeneration was noticed in many febrile diseases; he would say that the liver was always enlarged, and the cells large and granular; this would point to some active change allied to inflammation. The term parenchymatous degeneration would point to the death of the cells. Prof. Buhl had described the same changes in the epithelium of the lung. That the change gave rise to fatty liver appeared doubtful, as there the cells were full of fat, but in what Dr. Legg described the cells were broken down.

Dr. CURNOW said that he had the opportunity of watching one case of acute yellow atrophy of the liver, and the temperature was uniformly low; he mentioned it as it had been classed with parenchymatous degeneration of the liver.

Dr. LEGG said he did not mean to say that parenchymatous degeneration was always caused by high temperature; he could not see much difference between degeneration and inflammation.

Dr. PAYNE said he agreed with Dr. Green that in the forms of parenchymatous degeneration of the liver and kidney there was swelling of the organ and the individual cells, as was seen in the kidneys; whether inflammation or degeneration, there was always enlargement, and he thought the degeneration was allied to a fatty change. In some cases of acute disease in which he had examined the liver, it was difficult to say whether the cells were granular from disease or from the fat normally contained in them. He thought it was difficult to decide between fatty degeneration and fatty infiltration. He hardly thought the liver of phthisis depended upon febrile change, because the fatty condition was so uncertain; it was important, however, to determine what the changes are.

Dr. O'CONNOR showed a specimen of Primary Cancer of the Spleen. The patient, a middle-aged woman, was admitted to the Royal Free Hospital, suffering from great dyspnœa and effusion into the right side of the chest; there was a large tumour in the left hypochondriac region; the dulness extended to the umbilicus and passed upwards under the ribs; the liver was enlarged. The patient died the next morning. The spleen was found greatly enlarged, no other organ or part was affected except where the diaphragm adhered to the tumour. The history of the patient was somewhat obscure. Mr. Ringrose, who saw her six months ago, detected a small tumour on the left side. The specimen was referred.

Dr. SILVER exhibited a specimen of Ulceration of the Larynx and Pharynx, taken from a man aged fifty. He had suffered for some time with sore-throat and dyspnœa. On examining with the laryngoscope, ulceration of the thyroid was found; this spread, and the man was treated with iodide of potassium. As the dyspnœa was increasing, Mr. Bellamy performed tracheotomy; after a time food passed into the larnyx and was returned through the tracheotomy tube; he was then fed by a tube and by enemata. What was remarkable was that, though there was no trace of the larynx, yet he could speak, though the voice was husky. The specimen showed that only the hyoid bone, part of the cricoid, and upper part of the trachea remained. The specimen was referred to the Morbid Growth Committee.

Dr. CURNOW exhibited two Kidneys with the ureters attached, the upper part of the ureter being blocked up by a large calculus. They were taken from a man aged forty-six, brought into the dissecting-room at King's College. His death was returned as due to phthisis, but he had found no lung disease. The calculi were of oxalate of lime externally, with coagulated blood internally. They were almost symmetrical; there was no trace of pyelitis or sacculation; the kidneys were atrophied. He presumed the ureters were pervious, but on trying to pass water down them they burst.

Mr. CHURCHILL showed for Mr. Wagstaffe a Myxomatous Tumour, removed from the labia majora of a patient aged forty-two; it was of the size of a pigeon's egg. It first appeared as a small nodule seven years ago, and had gradually increased.

Mr. SEBASTIAN WILKINSON showed the Urethra of a Dog which was bifurcated.

## Reviews and Notices of Books.

*Poor Relief in different Parts of Europe.* London: Edward Stanford. 1873.

IF we are to have the poor always with us, it is certain that the sooner a system is discovered of dealing with them which achieves the *juste milieu* between laxity and severity, which puts no premium upon improvidence while it takes care that the deserving poor shall not starve, the better for both rich and poor. Unquestionably we in this country have a good deal to learn, or at any rate a good deal to do, before our Poor-law system is placed upon a footing at all harmonising with the above conditions. No one can have read Mr. Fawcett's work on English pauperism, which appeared some two years since, without being convinced that sooner or later we must recur to a more stringent method of dealing with voluntary pauperism such as that which the Act of Elizabeth inaugurated, and which for 150 years worked so well that "mendicancy and vagrancy greatly diminished, and the restrictions imposed upon able-bodied paupers were regarded by them as so onerous that few, except the impotent poor, applied for relief." But this is by the way, though it can hardly be out of place as an introduction to our readers of the work now before us, which, in fact, we advise them to study, in conjunction with Mr. Fawcett's book, in order that they may see how the English system of poor relief differs from that of other European States.

The scheme of this publication embraces a selection of essays translated from the German work "Das Armenwesen und die Armengesetzgebung in Europäischen Staaten," edited by Herr A. Emminghaus of Berlin. The translation

has been made at the suggestion of the Charity Organisation Society, and it has had the advantage of revision by Mr. Eastwick, M.P. In the introductory chapter Herr Emminghaus gives an historical retrospect of the ancient and modern methods of dealing with the poor throughout Europe, affirming generally that these have passed through three stages, the first stage being one of purely religious organisation, the second a matter of State police and simple repression, the third one in which the machinery of municipal government is brought into play. One remarkable exception is mentioned:—

"The oldest law-book of Iceland contains a precise and distinct system of Poor-law which survived the introduction of Christianity, and in its main features was practised in Norway and Sweden. In this, the action of the Church is entirely excluded, while begging and the giving of alms to beggars are both punished with outlawry. Relief is in the first instance provided at the expense of the relations; where that source fails, recourse is had to a tithe paid by the freemen, the claim of the candidate for relief being adjudicated on by an assembly of freemen. Where it is necessary to go still farther, the poor are maintained by a system of relief from house to house, given under precise regulations, and subject to a security that the person relieved shall not become a beggar or be reduced to distress."

This is said to be the earliest known system of Poor-law in Christendom. In his sketch of the present state of European poor relief, Herr Emminghaus remarks that as far as the actual business of relief is concerned, the institutions, arrangements, and principles of the different States vary so widely that one can hardly speak of anything like generally prevailing views. He finds, in short, "that the economical disease called poverty is nothing simple or uniform in its nature, but rather is so complicated and occurs under so many distinct forms that it cannot be treated with one universal remedy, but requires a wide variety of specific applications." He has his own views of the kind of Poor-law arrangements which are in keeping with sound theory, and they are well worth consideration. We must not attempt to discuss them here, for we have left ourselves only sufficient space to mention that amongst the writers of the several essays are well-known names, and that the states and municipalities whose Poor-law systems are described include Prussia, Bavaria, Austria, Switzerland, Sweden and Norway, France, Belgium, the Netherlands, Italy, Berlin, Elberfeld, and Bremen. Others were included in the original work, but they have been omitted from this translation as not having sufficient interest for English readers. Three of these we are disposed to think ought to have been retained—namely, the essays of M. Meiers and of M. Lammers on Poor Relief in Great Britain and in Denmark, and especially the editor's own contribution of Statistics of European Poor Relief.

---

*Report on the Cheap Wines from France, Germany, Italy, Austria, Greece, Hungary, and Australia; their use in Diet and Medicine.* By ROBERT DRUITT. Second Edition, rewritten and enlarged. London: H. Renshaw. 1873.

SINCE the appearance in a medical contemporary, in 1863, of a series of papers which form the basis of this work, our practical knowledge of what Dr. Druitt calls "œnology" has enormously increased. In those days the word "wine" practically connoted little more than port and sherry, the *red* and *white* of cheap society. But now the word implies a great deal more: to the faithful, many varieties of fermented grape-juice; to the sceptic, many varieties of chemical synthesis, which may or may not have been brewed in the neighbourhood of a vineyard. In the decade which has elapsed since the first appearance of this work, the pendulum which regulates the therapeutic uses of alcohol, and which had swung very far over on the side of excess, has to a great extent swung back again, and (thanks, possibly, to our author) physicians are now inclined to give alcohol to their patients in its more natural and less concentrated forms. This fact gives additional importance to the appearance of the second edition of Dr. Druitt's monograph, and we earnestly recommend all who believe in diet as well as drugs to study it with care. The first six chapters in Dr. Druitt's book, which deal with wine in general, are certainly the most interesting, the most instructive, and probably the most trustworthy. The remaining chapters, which deal with the varieties of wine in detail, are all amusing, and the author's style is such that it compels the reader to attend to all he has to say. We think Dr. Druitt should have followed the example which we set him when we undertook the analysis of articles of diet. He should have procured his samples of wine anonymously. Dr. Druitt's samples have been good. We hope those that we have tasted were exceptionally bad. It is a curious fact that the worst wines come from the warmest corner of France, and that Provence, when compared with the Bordeaux districts, produces singularly little that is much sought after. Keats could hardly have had "Gauphine" or "Rousillon" in his thoughts when he wrote—

> "Oh for a draught of vintage that hath been
> Cool'd a long age in the deep-delved earth,
> Tasting of Flora and the country green,
> Dance, and Provençal song, and sun-burnt mirth!"

Dr. Druitt rightly says that a chemical analysis of wine is no criterion of its character, and that if we wish to learn the therapeutic and dietetic properties of any varieties of wine (and the same remark applies to food), our only plan is to try their effects upon our patients and ourselves. Dr. Druitt is apparently staunch to his principles. He says, speaking of Burgundy, "Of course, like all great artists, I am drawing from the live model. I write with a bottle before me, which I am sacrificing for my own inspiration and my readers' profit." All readers of Dr. Druitt's easily flowing and elegantly constructed periods will thank him for his consideration; and we should advise those authors who have lately been so cruelly handled for defects of style to follow his example. If we look to the internal evidence afforded by this work, and if we class wines according to their power of lubricating the writing and inditing machinery of our author, we should certainly place the wines of the Bordeaux and Burgundy districts first. The chapters which deal with the properties of these wines were evidently written *con amore*, and are, consequently, the best in the book. Those which detail the tastings of less known varieties from Italy, Greece, Hungary, &c., have about them an air of "duty" and lack the smack of "love" which makes our author so entertaining.

"One of the chief great medical uses of the Bordeaux wines," says Dr. Druitt, "is to relieve the restlessness, nightly wandering, and thirst of the exanthemata, and especially of scarlatina and measles in children. If a child is very stout and red-lipped I should not press the use of wine during the first day or so; neither, in fact, need one *press* it at all. Mix one part of pure Bordeaux wine with one or two of pure cold water, according to the patient's age, and let him drink it at night *ad libitum*. I know of no 'diaphoretic,' 'saline,' or 'sedative,' so admirably adapted to allay the miserable wandering, the headache, and thirst of scarlatina. . . . In measles, as soon as the rash becomes dusky, Bordeaux wine allays the great restlessness. This, be it observed, is not a treatment founded on any hypothesis that alcohol is a good aliment for the nervous system, but on observation of facts at the bedside. It is no more than the small beer which Sydenham used to allow his patients in small-pox and pleurisy."

This mention of beer rouses within us a sort of patriotic feeling, and a feeling that the true national beverage has been rather unfairly ousted to make room for its more

fashionable rivals. Dr. Druitt, when introducing the subject of Bordeaux wine, says:—

"Let us now reverently approach the wines of that great district which has the ancient Burdigala or Bordeaux for its centre; that which gave the ancient wine of our forefathers; which inspired England when it was yet merry England."

Does Dr. Druitt wish us to believe that the merriness of our forefathers was due to Bordeaux wine?—that that which made our ancestors skip so blithely round the maypole, and gave the sprightliness to the music of the pipe and tabor and the movements of the morris dancers, was "good sound claret" at 14s.? It is really unjust to ignore the influence of ale and metheglin in these matters, which were, we have no doubt, the true sources of our ancestors' merry qualities. Coming to these modern times, too, we are quite unable to see that there has been any revival of merriness since every grocer has taken to sell claret and tent as well as vinegar and treacle, and our letter-boxes have been blocked by every form of the cheap wine merchant's puff. In sickness and in health we are sure that beer is becoming too much neglected. Between the old college ale which flares when you throw it on the fire, and which is comparable to some of the most expensive cordials imported, and the thin, light, bitter beer, fragrant, appetising, and tonic, there is every variety of fatness, sweetness, bitterness, and strength suitable for all degrees of digestive power.

While dealing with the varieties of wine, Dr. Druitt is very unequal. Five small pages are found sufficient for describing the wines of the Rhine and Moselle (which, in the opinion of many, is *par excellence* the wine district of the world), while twenty-two pages are devoted to the description of those from Austria and Hungary. Dr. Druitt says, "It is very certain that no wine is now in less use in England than the cheaper kinds of Rhine wine." This statement is to our minds incorrect. No dinner in the present day is reckoned complete without its glass of "hock," and how Dr. Druitt in a work on cheap wines can have so neglected the wines of this class is to us a mystery, and we can only take it as an exemplification of the proverb that "Good wine needs no bush."

---

*A System of Dental Surgery.* By JOHN TOMES, F.R.S., &c., and CHARLES S. TOMES, M.A., Assistant Dental Surgeon to the Dental Hospital of London. Second Edition, revised and enlarged. With 263 Illustrations. pp. 748. London: J. and A. Churchill. 1873.

THE second edition of this work is in every respect an improvement on the first. The number of pages has been increased by 149, but this by no means fully represents the quantity of new matter, for by cutting down of the original and by a slight reduction in the size of the type, the bulk of the volume has been kept within convenient limits. All the old chapters have been revised, and in many instances entirely rewritten, and the arrangement of the sections and chapters has been somewhat modified. There have been added sixty fresh illustrations, many of which are original. Of the new subjects, the following may be specially mentioned:—Odontalgia, neuralgia, secondary affections due to the irritation of diseased teeth, odontomes, dentigerous cysts, closure of the jaws, injuries of the jaws. The chapter on anæsthetics has also been extended. Perhaps the most interesting portion of the whole book is the appendix on the pathology and etiology of dental caries. After discussing at some length the various views of the nature of dental caries, Mr. Tomes sums up by saying, "That caries is an effect of external causes in which so-called 'vital' forces play no part." How far this is strictly accurate we do not pretend to say, but the experiments of Dr. Magitot and M. Mantegazza certainly seem to justify such a conclusion. Some interesting and instructive remarks are made on the influence exerted by articles of diet, constitutional conditions, heredity, and race, on the production of dental caries. It is shown that sugar itself exerts no power on the teeth, but that the fermentation products arising from it are very injurious. The acids, also—even citric and malic—are hurtful.

With this brief notice we leave the book to our readers, who will see that the mantle of the father has indeed fallen on the son, who has improved what was for years the best work on dental surgery in the English language.

---

## THE GAS-COOKING APPARATUS AT THE EXHIBITION.

IT requires no skilled medical knowledge to appreciate the importance of diet in the maintenance of health, or, indeed, of life; but it is impossible properly to consider diet without reference to its preparation. Therefore, as the evil consequences of our national ignorance of simple cookery are constantly witnessed and deplored by medical practitioners, we are sure they will be the last to consider any labour badly expended that tends to advance an art which ranks scarcely second to that of nursing in the successful conduct of disease, or to withhold their attention from any improvements in cooking apparatus.

After a careful inspection of the apparatus for cooking by gas now exhibited at South Kensington by Messrs. Billing, Davis, Leoni, Wright, Verity, and others, we have to pronounce that none other approaches in excellence to that of Messrs. Leoni and Company. For while it is evident from the productions of other exhibitors in this department that they individually have embraced some new idea, yet they have, through not waiting to combine with it further improvements, allowed it to become the basis upon which they rest the especial merit of their apparatus; and, amidst the contributions of all these exhibitors, we fail to find any even common-sense combination of the principles which would tend to perfect gas-cooking apparatus. To this general assertion we must make Messrs. Leoni's show the exception necessary to prove the rule. Thus in Messrs. Billing and Company's apparatus it is manifest that the idea of roasting by reflected heat has been conceived, though in carrying out this they appear to have overlooked the importance of having a highly heating rather than an illuminating flame, and have therefore omitted to furnish the roasting chamber of their "reflector" gas-cooking stove with a series of jets from a Bunsen's burner in place of ordinary jets, which only allow the gas issuing therefrom to be very indifferently consumed; although the hot plate in their apparatus, as, indeed, in almost every other in the exhibition, is heated by rings of gas-jets supplied upon Bunsen's plan. It is remarkable that these makers, having devised "the simple contrivance of surrounding the oven with a case or jacket whereby the heat is increased," and its distribution throughout the oven rendered more equable, should have omitted the same simple contrivance in the construction of their roasting chamber. Consequently, the walls and reflector of their roasting chamber, being plain metal surfaces, cause heat to radiate outwards to the same extent that it radiates inwards. Messrs. Billing and Company publish the following results as obtained by practical experiments of stove No. 135: "A joint weighing nine pounds, a large family pie, a couple of ducks, two sorts of vegetables, fish and soup, were all cooked at one time in the space of two hours, consuming about forty feet of gas."

A fair critic must notice how Messrs. Wright have almost solely trusted to the economy which is effected by a general adoption of the principle of Bunsen's burner wherever it is desired to obtain the greatest heat with the least con-

sumption of gas; though we judge, from the walls of their oven and roasting chamber being composed of a single thickness of glazed earthenware, that the inventors calculated upon a gain from the inward reflection of heat, whilst neglecting to estimate the loss by outward radiation from such a surface. Here and there amongst their collection is an adjunct which, but for the addition of some doubtfully useful and certainly not ornamental handles, might be recognised as a sample of Leoni's admirable invention—"The Heat Reflector."

When examining the apparatus by Verity and Brothers of Regent-street, we much regretted that there was no one in attendance who could show and describe it in action; but it may be briefly summed up as consisting of a number of variously sized and shaped masses of a fire-clay composition, with corrugated surfaces heated by jets of gas and air traversing them, and disposed in convenient situations for culinary purposes. The only advantage we saw in the apparatus by these makers is one common to all gas-cooking stoves—viz., cleanliness; whilst the most obvious disadvantages of the system relate to the loss of heat that must occur by radiation.

We found nothing worthy of note in the cooking stove of Messrs. Davis and Company; though our remarks regarding loss of heat by radiation, and the want of a suitable attendant, apply almost as forcibly to the collection by this firm as to that by Messrs. Verity and Brothers.

Having said this much upon the merits or demerits of the apparatus by other exhibitors, we will endeavour to give our readers a clear conception of the essentially practical and almost perfect system introduced by Messrs. Leoni and Company of Westminster; in which will be found the most valuable characteristics of the other stoves now before the public, combined with such improvements as best ensure their fullest advantages.

Mr. Leoni claims for his patent heating and cooking apparatus by gas: "Economy, cleanliness, simplicity, with rapidity of manipulation, and salubrity; producing the maximum of heat with the minimum of gas." Such achievements by apparatus should indeed be welcome to operators in the art of cooking.

A thorough investigation of Leoni's patent system shows the economy in fuel to be effected upon the principle of Bunsen's burner. Every feed gas-pipe is encircled at a distance from the jets by an air-chamber, the contents of which are drawn from without through apertures in its back third, whilst openings in the central tube, or feed gas-pipe, at a situation corresponding to the front third of the air-chamber, admit air to the interior of this pipe, where it intimately mixes with the coal-gas prior to reaching the jets, from which it ultimately issues charged with sufficient oxygen to ensure its thorough combustion, as manifested by the pale-blue colour and feeble illuminating power of the flame. The draught through the air-chamber being regulated by the current of gas in the feed-pipe, an admixture of air (about 40 per cent.) is secured proportionate to the gas turned on.

The heat generated as above described is economised in the roasting and baking ovens by giving them a lining of a fire-clay composition, which causes the heat to radiate inwards uniformly upon every surface of the articles to be cooked, whilst loss from outward radiation is in great measure prevented by surrounding this lining of patent heat-reflector composition (as Leoni has styled it) with a space containing air.

The series of jets from which coal gas *plus* about 40 per cent. of air issues is placed along the base of the roaster, immediately above the margin of the dripping-pan, and just about the level of a narrow, horizontal aperture by which a regulated draught of air enters, sufficient to cause a current through the chamber, which shall carry all the products of combustion, and the smell from the cooking meat, to perforations at the upper part of the roaster, whence a flue conveys them away.

Leoni's baking oven is so similar to the roaster, disregarding the fittings which necessarily differ, that it requires no separate description; in fact at any time the roaster may be turned to account for baking purposes. Indeed, the roaster is supplemented by no oven in many of Leoni's kitcheners.

One very important feature in their inventions consists in an arrangement for broiling and grilling by reflection, which may be turned to account in making toast and keeping dishes hot. In the kitcheners, the chamber for this purpose is constructed similarly to the roaster, with fire-clay sides, back, door, and roof, but with the series of gas-jets in its upper part, from which the heat is reflected downwards by the fire-clay roof, so that any viand placed below may be grilled, broiled, or otherwise cooked, whilst the fire-clay top is rendered a useful hot plate, whereon a vessel may be kept at a point scarcely below boiling. There are sufficient modifications of the ingenious and complete system we have just detailed to bring its main advantages within the reach of every establishment; the lonely bachelor and the inmates of our busiest public or private kitchens may alike become directly acquainted with its comfort and economy.

It would be as impossible as unnecessary to describe each of Leoni's appliances; in all his general system is applied as thoroughly as possible; but we will mention one, that will especially repay a careful consideration by the majority of our domesticated readers.

"Leoni's Family Kitchener, K. 24," stands about 3 feet high, is 2 feet 3 inches wide, and 18 inches deep; is divided by a vertical partition into halves, one of which is the roaster, and will well accommodate a 16 lb. joint, whilst the remaining half is subdivided horizontally a little above its middle, into the grilling chamber, and immediately below this the baking oven; or, in place of the oven in a corresponding apparatus we find a boiler; the top is an excellent hot-plate fitted with three or four different-sized gas rings, and the whole apparatus is surmounted by a rack for heating plates and dishes.

The following statement, published by Leoni and Co. as the performance of the kitchener we have just described, will give a fair impression regarding the value of their system:—

"A PRACTICAL EXPERIMENT WITH LEONI'S FAMILY KITCHENER, K 24.—*Breakfast for five adults and three children*: 2 pints of coffee; 1 pint of tea; ¼ lb. of bacon; ½ lb. of oat-meal for porridge; 6 rounds of toast. Time, 20 minutes. Consumption of gas, 12 feet.—*Dinner for twelve adults and three children*: 6 lb. leg of lamb (loss, 1½ lb.); 4 lb. sirloin of beef (loss, 10 oz.); 5 lb. of potatoes; 6 large cauliflowers; 2 large fruit pies. Time, 1¼ hour. Consumption of gas, 48 feet."

To a bachelor, Leoni's Atmospheric Gas-ring, with a set comprising heat-diffuser, heat-reflector, ring and lid of eight, ten, or twelve inches diameter, will prove invaluable, and will render him more independent than he ever felt before. With such an apparatus we cooked a capital steak thoroughly and boiled a large kettle of water in just twelve minutes from the time we lighted up. By altering the relative position of the different parts of such an apparatus, the room may be warmed, and a steak, fish, or chop grilled below the fire, whilst potatoes &c. are boiling or baking above. In the meanwhile no dripping is under any circumstances lost, but all is at once collected without risk of being dirtied or caused to flare up and smell disagreeable by the falling out of cinders.

As it must be highly important in every case to have the entire reflecting surface made of Leoni's patent reflector, we cannot recommend the purchase of their No. 1 Patent Family Gas Kitchener, or indeed any other, in which, for the sake of lessening the prime cost by a few shillings, the tile of patent composition has been omitted from the door, and its place supplied by an iron plate; for such practice will prove penny wise and pound foolish, as it must result in the one-sided cooking of many a batch. The special advantage claimed, and we think gained, by Leoni's Patent Heat-Reflector is that, unlike metal, it causes the heat to be uniform and concentrated; of necessity, therefore, if the continuity of its surface be interrupted, the gain from uniformity of the reflected heat is at once lost.

The profession can have no more valuable testimony regarding the practical working of Leoni's system than that furnished by the secretary of the London Hospital, where it has been adopted since June, 1870. From this gentleman's letter to Mr. Leoni we gather that in the first half-year of its use the waste of meat in cooking was reduced to an average of about 14½ per cent. from 33½ per cent. under the system of roasting by gas previously in vogue, while at the same time the daily average consumption of gas fell from 610 to 250 cubic feet, and that it is difficult to exagge-

rate, in regard to cleanliness, saving of labour and trouble, the advantages derived from the adoption of the patent. Moreover, we hear that at the London Hospital 300 lb. of meat is cooked daily in two hours, and this only requires the attention of a single man for sixteen minutes, and the combustion of about five-pennyworth of gas.

There is still another advantage in the apparatus, which, though it may increase the prime cost, must infinitely prolong the wear—we allude to all the gas-jets being fitted with adamas burners, which, withstanding the action of the flame, must not be compared with those simple perforations in an iron pipe too frequently seen doing duty for gas-burners, though the smallest experience shows how readily such enlarge and allow the gas to escape in a wasteful manner.

The absence of all outlay for fixing a gas kitchener, which only requires to be connected with the main-pipe, will be a considerable set off against its original cost.

We purpose considering in a future article the steam chest, steam boiler, heating apparatus, bath, hot-water, disinfecting, and other arrangements now exhibited, though not immediately connected, with the patent kitcheners by Messrs. Leoni. At first sight we were disappointed at the meagre results shown in this department, notwithstanding the impulse given it by the recent famine price of coal; however, the more intimately we become acquainted with Leoni's patents, the more satisfied we grow with the collection, for possibly it is in great measure the perfection of his system that causes the attempts which other exhibitors have thought worthy of a place at South Kensington to appear so lamentably feeble.

# Foreign Gleanings.

## HISTOLOGY OF THE HUMAN BLOOD.

THE following are the chief results stated by Dr. Nedsvetzki in the *All. Wien. Med. Zeit.*, after several examinations of specimens of healthy human blood, with a lens of about 1000 diameters. Between the red and white globules are to be found very small spherical cells, of the size of the granulation of white globules, without vibrating cilia, having a movement of rotation around their axis, and going from one place to another; their existence is constant, and the author has given them the name of granulations of the blood or hæmococci. These granulations fix themselves upon the filaments of fibrin as soon as these filaments make their appearance.

Furthermore, there is to be found in the blood, and often at the very beginning, elements of an undetermined form, the number of which incessantly goes on increasing, and which proceed from the white globules. The white globules are at first gifted with amœboid movements, which persist during about forty-eight hours; they then get surrounded by a brilliant zone simulating a cyst. The granulations of the white globules, which then acquire very lively movements, penetrate into the zone, pass into the blood, and slowly accumulate there in little heaps of very varied forms. A certain number of these little heaps are directly composed of particles detached from the white globules when these were animated with amœboid movements. The small cyst, divested of granulations, finally presents the form of a drop of oil.

In addition to the above, the blood also contains granular corpuscles with well-defined borders, having the size of white globules, but presenting a more rounded shape, and divested of all movement. They do not become altered so quickly as the other elements.

## TWO CASES OF TETANUS CURED BY NEUROTOMY.

These are recorded in *Gazzetta Medica Italiana Provincie Venete*, by Drs. Busi and Marinelli.—Case 1. Traumatic crushing of the two last toes of the right foot; on the eighth day, after appropriate treatment and various incidents, the fourth toe was healing nicely, but the fifth one presented a nasty-looking flap, with extraordinary pain on pressure, extending all along the sciatic; on the following day supervention of tetanus; disarticulation of the toe refused by patient; useless employment of topical means and subcutaneous injections of morphia; discovery by Prof. Riggoli of a whitish filament in the wound, most painful on touch; excision of the filament; subsidence of symptoms; entire cure on the sixteenth day.—Case 2. Discharge of a gun in the left forearm. Lesion of muscles; only one hole through which the shot had passed. On the eighth day, fall of eschar, serious hæmorrhage from the brachial artery and ligature. Tenth day, abscess in the articular fold of the elbow and fall of ligature, after which the patient was doing better with only a fistula opening, when tetanus suddenly appeared in the arm and rapidly extended to the entire thorax. Excision of the musculo-cutaneous nervous ramulus. Complete cure three days after.

## TREATMENT OF ACUTE ARTICULAR RHEUMATISM WITH HYDROCHLORATE OF TRIMETHYLAMIN.

An interesting case of the above is recorded by Dr. Martineau in the last number of the *Gazette Médicale de Paris*. Since the experiments of Dr. Dujardin-Baumetz with trimethylamin in the treatment of articular rheumatism the profession in France has been making trials of the salt, and Dr. Martineau in the above case was induced to try the hydrochlorate of trimethylamin as a more stable and trustworthy substance. The results were very remarkable. In three days a very severe attack of articular rheumatism was entirely cured without any critical phenomena or metastasis. The effect on the fever is especially worthy of being noted. The pulse, which was 89 on March 8th, fell to 69 on the 9th, 60 on the 10th, and to 51 on the 11th. Dr. Martineau thinks the action of the drug on the cardiac muscle more powerful than digitalin, or any other heart sedative, and considers that it is called upon to play a most important part in the treatment of fever. The drug was administered in the following form and doses: Tilleul (linden-tree leaves) water, three and a half ounces; peppermint water, one ounce and a half; syrup of bitter-orange peel, one ounce; hydrochlorate of trimethylamin, ten grains; one tablespoonful every two hours. On the third day the dose was reduced to a tablespoonful every four hours, on account of the fall of the pulse.

## TREATMENT OF CONSTIPATION BY ARSENIC.

Dr. Isnard of Marseilles has employed arsenical preparations for the treatment of constipation, with success. The preparation which he prefers to all others, as being especially easy to use and sure in its effects, is arsenious acid in doses of about three to four grains to one litre of distilled water. Each teaspoonful of the solution thus contains about $\frac{1}{70}$ of the substance. The usual dose is from six to ten teaspoonfuls, taken in the course of the day, and preferably at meals with wine and water. In some individuals the dose must be less, according to special circumstances, in others the dose may be increased temporarily to twelve or fifteen teaspoonfuls, after which it must be lessened as soon as the constipation has lost its obstinate character.

## CONNEXION BETWEEN MENSTRUATION AND SMALL-POX.

Dr. Otto Obermeier, after careful investigation of 104 cases of small-pox in women, has come to the following conclusions:—1. Menstruation generally coincides with the first period of small-pox (in three-fourths of the cases), and comes on generally at the time of the eruption. 2. The disorders of menstruation are not so frequent as is generally stated (only one-fourth of the cases); the supervention of the disease, especially the eruptive period, hastens the appearance of the menses, whilst their retardation is exceptional, as also their absence and suppression; and it is very seldom that small-pox brings on real hæmorrhage. 3. It is most common to observe a coincidence of normal, regular menstruation with the first period of small-pox (in more than one-half of the cases), and the fact probably depends on some physiological modification of the period of incubation. 4. The pathological influence of small-pox on menstruation depends less on febrile irritation, as suggested by Perroud, than on the morbid process itself (eruption). 5. The menstrual flux which comes on after the disease is generally weak and retarded.—Virchow's *Archiv*, Heft 1, 1873.

# THE LANCET.

LONDON: SATURDAY, MAY 17, 1873.


MEMBERS of Parliament have to decide on questions upon which it is simply impossible that they can have much personal knowledge. One of these questions is represented in Mr. HEADLAM'S Bill, which is down for a second reading on the 19th inst. It is not the least anomaly of our form of Government that it should be unreasonable enough to require six hundred gentlemen to vote on a subject on which probably they have never thought for ten consecutive minutes. No doubt members, like lawyers, have a quick and ready method of getting up a case or seeing through a Bill. But we take it for granted that they are guided in their opinions of a Bill like that of Mr. HEADLAM'S very much by the organs of medical opinion. We venture, therefore, to try to state in simple terms the chief features of the Bill, and the state of matters in the profession necessitating some legislation, though, as we hope to prove to members, the best thing they can do in regard to this particular measure is to throw it out so decidedly that it shall not again make its appearance in the House.

The object proposed to be attained by Mr. HEADLAM'S Bill is—*to have only One Board of Examination in each division of the kingdom that shall have the right of granting a licence to practise medicine in all its branches in any part of Her Majesty's dominions.*

There is a remarkable agreement of opinion in the profession as to the desirableness of such an arrangement, and nothing could be easier than to create the machinery for carrying it out, were it not for the existence of old Bodies and vested interests, which, as members of Parliament well know, have stood in the way of every desirable improvement since the world began, and which have such a vitality that they will probably outlive the world. For forty years or more THE LANCET has been urging the establishment of a single sufficient and inclusive examination to be passed by all persons entering the profession—in other words, a One-portal system. The reform has been resisted by nineteen bodies which have been giving diplomas imperfect in three senses, if not in four. They are imperfect as not including an examination in all the branches of the profession, or if not now imperfect in this sense, then legally imperfect as not *qualifying* for both medical and surgical practice, but only for one of these. Until the Act of 1858 they were imperfect in another sense—that they qualified the holders for practice only in a certain limited portion of the United Kingdom; so that the most eminent Scotch surgeon would have been an "unqualified" practitioner in England, and *vice versâ*, unless holding the diplomas of both countries. Many of these examinations have been justly charged with imperfection further in the sense of inadequacy—they did not test the possession of knowledge necessary for the treatment of disease. The Bodies depend for their incomes on the fees for diplomas paid by successful candidates. And the tendency of such a system to make Bodies "wondrous kind" does not need to be insisted on to members of Parliament. In consequence of the operation of public criticism; the examinations have been made, with perhaps one exception, to include all needful subjects, and have been made more stringent. The Act of 1858 had at least one great virtue—it abolished the territorial limitations of medical qualifications; so that a man qualified to practise in London is also qualified to practise in Glasgow, and *vice versâ*. Still there remains the fact that there are nineteen bodies giving as many qualifications, of the most various value, and almost all of them only half qualifications. Being many and "having to live," they are under constant temptation to bring their examinations down; in other words, to compete with each other in passing candidates.

Mr. HEADLAM'S *Bill proposes to make as many of these Bodies as exist in any one division of the kingdom to unite, in order to form One Board of Examination for that division to confer a licence to practise, and would involve a very serious tax upon the profession.*

Here we part company with Mr. HEADLAM, and we expect members of the House of Commons, as practical men, to do the same. To make nineteen bodies parties to the formation of three Boards is to violate the true maxim that "too many cooks spoil the broth." This is especially so if the nineteen bodies are deeply interested pecuniarily and otherwise in the result, as is the case. The idea at the bottom of all conjoint schemes is that a fee shall be charged the unfortunate student big enough to compensate all the bodies that now license practitioners; in other words, to tax the profession in perpetuity to maintain bodies whose principal work is to be henceforth done by the three new Boards. Such a tax would be clearly unjust to the student, and it might have a deterrent effect upon the supply of practitioners that would be very inconvenient to the public.

Not only so; the nineteen bodies have been trying to agree among themselves, and have decidedly failed. These bodies were made to act independently, and no Act of Parliament will enable them to act conjointly with any advantage to the profession or the public.

Lastly, Mr. HEADLAM'S *Bill perpetuates and enlarges the General Medical Council, which, in the opinion of the profession, is already too large, and ought to be altered in constitution.*

The Medical Council was created by the Medical Act of 1858. It regulates the medical education of the country, and supervises or is supposed to supervise the medical examinations. And undoubtedly it has not been altogether useless, or deaf to the criticisms of the public press. But, as it consists of representatives of the nineteen bodies, it is famous for viewing every proposal in nineteen lights or from nineteen points of view. And this is very unfavourable to work and decision. Not only so; the Council is supported by a fee of five guineas from each member of the profession who applies for registration; and the profession complains that it does not get a *quid pro quo* for this heavy exaction. The income of the Council last year exceeded its expenditure by £2060 3*s.* 7*d.* The profession complains that it is not directly represented on this Council. Mr. HEADLAM'S Bill, indeed, does propose that six members shall be added to the Council, chosen directly by the votes of registered prac-

titioners; but he leaves the Council, as at present, mainly composed of interested bodies. The addition of six members will only enlarge the Council and increase its expenditure, without altering its character.

Members of Parliament may think this a matter too technical for them to understand. Yet they alone can dispose of it, and replace the antiquated arrangements for medical examinations by others more adapted to the times. The object is enormously important—to create an efficient body of practitioners, and to do this with as little cost to the student as possible. Dr. LUSH, we believe, is of opinion that this matter should be referred to a Select Committee, and we trust that the House will take the same view of the question. Whether or not, Mr. HEADLAM'S Bill is a very poor attempt to deal with a great subject, and should be decidedly rejected—if, indeed, it has the unmerited luck to be heard of again in the House.

---

MANY circumstances have recently combined to induce us to recur to the question of Sanitation Afloat. The peculiar build of our new fighting ships of the *Monitor* class, the vast and ever increasing variety in the lines and general construction of our mercantile steamships, the enormous tide of emigration from Liverpool and other ports, and the "Plimsollian" agitation, have all combined to give this section of sanitary science a special, if not an exaggerated, interest in the eyes of the public. And, as we take it, the subject is very properly important, inasmuch as it has to deal with an annual complement of more than half a million of human beings, about 48,000 of whom serve in the Royal Navy, 330,000 in the merchant service, and the rest being represented by the emigrants who leave the United Kingdom year by year. The official authorities capable of exercising influence and of performing duties in connexion with sanitation afloat are the Admiralty, the Board of Trade, and, under the direction of the Local Government Board, the port sanitary authorities instituted under the Public Health Act of last year. The Lords of the Admiralty have, under the advice of their able Medical Director-General, recently inaugurated at Netley a chair of Naval Hygiene, and have appointed thereto Dr. DENIS MACDONALD, F.R.S., than which no better selection could possibly have been made. This gentleman is engaged in teaching the principles of sanitary science in ships to the medical officers of the service; but his line of action is, we believe, necessarily more curative than preventive. The essence of all hygienic measures is the prevention of disease and the maintenance of health; but it appears at present to be Dr. MACDONALD'S province to teach the members of his class how to obviate the evils resulting from residence in a ship built in glaring defiance of all sanitary principles. An article on this subject appeared last month in *Naval Science*—a magazine edited by Mr. E. J. REED, C.B., the late Chief Constructor of the Navy; and the system of ventilation adopted in vessels of the *Devastation* class are by no means favourably criticised therein. We have not space here to describe or to analyse the faulty details enumerated; but the moral of the matter is this: that, if sanitary science in ships of the Royal Navy is to be really effective, a skilled and competent officer, who has devoted his time and attention to this subject, should be associated with the Constructor's Department, Whitehall, in order that when the strength and fighting qualities of the future ship have been discussed, and her lines criticised, this officer may have the opportunity of saying and suggesting something as to preservation of health among the crew that will man her. It is said on very good authority that six months must elapse before the "blue jackets" and others who man the *Devastation* will be "well into" their work, and on equally good authority that, on sanitary grounds alone, it will be imperatively necessary to change the entire crew every half year. So much for the wisdom of building a ship with small consideration as to her vital belongings!

The Marine Department of the Board of Trade have many weighty responsibilities. They are answerable for the due observance of the sanitary clauses of the various Merchant Shipping Acts and for the health of crews; and have had, under an Act that became law at the commencement of the current year, entire charge of the emigration work throughout the country. In fact, they are rapidly becoming a hydra-headed department, and the difficulties of management and organisation must during the last two years have increased rapidly. It is a matter of satisfaction to know that the official inquiries on account of scurvy are decreasing year by year; that lower forecastles are being rapidly and topgallant forecastles gradually abolished in long-voyage ships. But much more remains to be done; for, as we have indicated in another column, revised scales of diet should be legalised, and the lime-juice clause of the Merchant Shipping Act of 1867 should be done away with. It is evident, too, that the regulations of the Emigration Commissioners are very much behind the ordinary principles of sanitary science of the present day. The list of drugs required to be carried is absurdly antique and complicated; the medical officers appointed to inspect have little or no powers over matters directly influencing the health of the emigrants; and indeed, as we indicated at the conclusion of a report on Emigrant Ships that appeared in THE LANCET during the autumn of last year, this officer should be more utilised, and saddled with a far greater amount of responsibility.

The port sanitary authorities may be said in a legal sense to be newly constituted, although the powers given to them under the Public Health Act are chiefly an enlargement of those already possessed under the Diseases Prevention Acts and other sanitary enactments. These powers are, however, numerous and important; and there can be little doubt that public health in this country generally, and in the metropolis in particular, will in a great measure depend upon the way in which port sanitary authorities do their duty. When cholera was impending last year, Dr. BUCHANAN and Mr. NETTEN RADCLIFFE, under the direction of Mr. SIMON, made gigantic efforts, under the then existing law, to urge upon waterside towns a system of sanitary defence against invasion, and in the great majority of instances with considerable success. The port of London was, however, at that time afflicted with a plethora of local self-government, but has since been subjected to a general depletion, and has rushed into the arms of the City Corporation, very willingly and naturally opened to receive a child so dear and so valuable to them from commercial, historical, and political

points of view. We believe that they are about to commence practical work afloat, and that in this, as in other City work, the system adopted will be such as to serve as a copy for out-port sanitary authorities.

It appears to us that this is the sum of the matter in respect of sanitation afloat, and that all the changes above indicated may, in no great interval of time, be fairly and faithfully accomplished.

---

DR. FREEMAN J. BUMSTEAD, of New York, has contributed to the last number of HAY'S *American Journal of the Medical Sciences* an excellent paper on the present state of the question of the unity or duality of syphilis.

It is just twenty years since BASSEREAU first enunciated those views on which the school of modern syphilographers was founded. That he reduced the facts to something like order, and liberated the subject of syphilis from the entanglement in which it had become involved, there can be no doubt. An immense impetus was then given to the study of a disease which has never failed to excite the keen interest of pathologists of this and other ages.

But the question arises, How does the dualist doctrine stand now, after the lapse of those twenty years? Has it stood the test of clinical experience and of artificial experiment; or does it require to be modified or abandoned—regarded from a practical or a scientific point of view, or from both? Probably no one is better qualified to speak on these points than Dr. BUMSTEAD, who has raised them in the paper to which we have referred; and we cannot do better than follow him very closely in what he has to say.

BASSEREAU approached the question from two points of view—the historical and the clinical. He asserted that, although contagious venereal ulcers were known from time immemorial, the constitutional disease, syphilis, first made its appearance in the latter part of the fifteenth century. However much opinions may be divided on this point, there is no disputing the fact that syphilis, at the time of its appearance in Italy, was regarded by the physicians then living as a perfectly new disease. The second proof adduced by BASSEREAU was clinical. He discarded the anatomical differences which were alleged to distinguish the two diseases at their earliest manifestation, and confined himself to tracing their descent in cases that came under his observation. He found, in a large number of cases, that the disease in the recipient corresponded with that in the giver, and that like produced like; in other words, that when the disease was local in the giver it was also local in the recipient, and that when it was constitutional in the giver it was always constitutional in the recipient. The local and constitutional diseases were, then, according to him, separate and distinct, and not interchangeable forms of disease. So far the modern doctrine remains very much where it was. It is allowed even by unicists of the present day that the local and constitutional character of the venereal ulcers is generally perpetuated, and that, practically speaking, duality is a safe doctrine to follow. But this doctrine did not long remain stationary. It was worked out in greater detail, elaborated, and reduced to a system, the tenets of which are to be found in all the latest works of modern syphilographers.

Then came the observations as to the existence of a "mixed chancre," by way of explanation of those exceptional cases in which the poison of a primary syphilitic lesion was auto-inoculable. M. ROLLET sought to establish that a sore might be mixed and possess the properties of both the chancroid and the chancre. This doctrine of mixed chancre, although founded on truth, was felt to be more plausible than satisfactory by many persons, as an explanation of the exceptional cases that they now and then encountered in practice. There followed Mr. HENRY LEE'S well-known discovery of the relatively active properties possessed by a decidedly purulent secretion obtained from a chancre, and its auto-inoculability on the syphilitic subject. Afterwards, the practice of syphilisation brought other observations to light. It having been proved that, under certain circumstances, not only the initial lesion of syphilis, but also one at least of its general lesions was capable of auto-inoculation, and that the result was apparently identical with that obtained by the inoculation of chancroidal matter, the important question still remained as to what would be the effect of inoculating sound persons—persons free from all syphilitic taint—with the secretion obtained from the successful auto-inoculation of syphilitic matter on a syphilitic subject. If the virus were a separate and distinct as well as a specific one, it should, of course, retain its characteristic properties, and therefore produce its like—syphilis—when implanted in the proper soil. But such, it is stated, is not the case—at least if we may depend upon the results of the few recorded cases in which this experiment has been made, not of course designedly and with premeditation by any surgeon, but by the freak of the patients themselves. We confess that the cases referred to by Dr. BUMSTEAD are, as he says himself, open to criticism; still, it would appear from them that you may get the local soft sore by auto-inoculation of syphilitic pus which shall retain its local characters when transferred to a second person. But Professor PICK, in 1865, at that time an assistant of HEBRA'S, showed that the inoculation of simple non-venereal matter on syphilitic subjects gave rise to pustules, not preceded by incubation, the secretion of which was further inoculated through many generations. Mr. MORGAN, of Dublin, has also succeeded in producing pustules, capable of further inoculation through a number of generations, by inoculating syphilitic women with their vaginal secretion. Now, the conclusion seems inevitable, says Dr. BUMSTEAD, that if non-specific simple matter will produce the same effect on syphilitic subjects as inoculations with the specific virus of syphilis, the result in the latter case cannot be attributed to anything specific in the matter employed.

Dr. BUMSTEAD'S next inquiry is as to the effect which these different experiments have had upon syphilographers, and he records the views at present held by most of the leading authorities with whom he has discussed the subject. As regards the dualists, especially those of Germany, it has led some of them to doubt—from a scientific though not from a practical standpoint—the absolute distinction of the chancroid and syphilis. The question, in reality, requires

further investigation. Some of the facts are at present, if not irreconcileable, at least difficult to reconcile satisfactorily with either view.

Dr. BUMSTEAD sums up the subject by saying that, practically, the doctrine of duality stands as well as it did after the lapse of twenty years, and that the proof on which it was based by BASSEREAU has never been successfully attacked. The most violent opponents of duality admit, in general, that the characteristics of the local and constitutional disease are constant. From a *scientific* standpoint, however, some of the tenets of dualism will, he thinks, have to be abandoned, and it is even possible that the *absolute* distinction of the chancroid and syphilis may be disproved. The results of recent experiments, as they stand at present, point to some connexion between the two diseases which we do not as yet understand. A new field of investigation and experiment has been opened, which hitherto no one has fully explored. The unity towards which we are said to be drifting, remarks Dr. BUMSTEAD, is not the unity that we have left and abandoned. The possible unity of the future may show that the chancroid and syphilis are not absolutely distinct, and that they are more remotely dependent upon a common virus. Should this be established, it would be a fact of great scientific interest, and may lead to some discovery against the scourge of syphilis. He does not quote Mr. JONATHAN HUTCHINSON'S observations as set forth in that gentleman's article in "Holmes's System of Surgery"; but he concludes that, until then, "there will still be two forms of one disease, which will be as distinct, for all practical purposes, as if they were radically distinct diseases, and patients afflicted with venereal ulcers will still have reason to bless the name of BASSEREAU and the dualism which he established."

---

AN exhibition more than usually prolific in portraits presents us with none connected with the medical profession at all comparable in value with that of Sir JAMES PAGET, by MILLAIS, which distinguished the last year's collection. Most conspicuous, perhaps, on the present occasion is RICHMOND'S picture of Dr. BURROWS—a good piece of painting, but a portrait which would lead an ordinary spectator to think that the Presidency of the Royal College of Physicians fell to the lot of men at a delightfully early period of their career. Not far from this hangs a clever portrait of Mrs. WILLIAM PLAYFAIR, by H. W. PIPER—a painter with whose name we are not familiar, but who has been scarcely less happy in his treatment than in his subject. There is a three-quarter-length figure of a gentleman who is described in the catalogue as Dr. MORELL MACKENZIE, but our powers of imagination fail to trace the slightest resemblance between the image on the canvas and the presumed sitter. The portrait of Dr. ACLAND in the same room is elevated to such an extent that we can form no opinion of its merits, and the same difficulty would apply in the case of "Summer Evening on the Thames near Henley," by Sir HENRY THOMPSON, had we not been favoured by a view of the picture before it left the artist-surgeon's possession. It is an excellent bit of broad, effective colouring, giving us a peep at some massive elms on the water-side in the gloaming. Another river scene by another amateur from our own ranks is called "On the Medway." It is an etching by Mr. PROPERT, respecting which it is enough to say that it seems to us an advance upon anything this gentleman has previously exhibited, and our readers will not forget how many beautiful specimens of the art he has shown. And the sight of this makes us look—and, we regret to say, in vain—for any work this year from the prince of etchers, Mr. SEYMOUR HADEN.

---

# Medical Annotations.

"Ne quid nimis."

## THE VISITATION OF EXAMINATIONS.

THE bodies whose examinations are to be visited are published in the Minutes of the Executive Committee. They are—the Apothecaries' Society of London, the University of London, the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, the Faculty of Physicians and Surgeons of Glasgow, the University of Glasgow, the Royal College of Surgeons of Ireland, and the Queen's University in Ireland. It seems to us that it would have been better to have made visitations to bodies of a similar character, such as all the corporations of the three kingdoms, leaving the universities for another occasion. It would have been better also not to have announced in the Minutes the bodies to be visited. It is inconceivable that bodies so amply forewarned should not be put into a state of unusual preparedness for criticism. We shall look forward with interest to the list of visitors, out of the Council. What the profession and the public really want to know is—how far the examinations are sufficient, without being unreasonably exacting; and what is the comparative stringency of the examinations for similar diplomas in England, Ireland, and Scotland. Perhaps, too, the visitors will be able some day to tell us the difference between an examination in the College of Surgeons for a surgical diploma and that in the College of Physicians for a double qualification.

---

## PROFESSOR CARUS AT EDINBURGH.

STUDENTS of Natural History in the University of Edinburgh are enjoying the rare privilege of having as their teacher this summer Dr. Victor Carus, of Leipzig. Professor Wyville Thomson, the holder of the chair, is at present carrying out his mission under Government in deep-sea researches; and a better substitute than Dr. Carus it would be difficult to find. Principal Sir Alexander Grant, in introducing the celebrated *savant* to the students, dwelt upon the advance which Leipzig University had made under such auspices as those of Carus—a gentleman whom he had known at Oxford twenty-three years ago, where he was then pursuing scientific study with the ardour which has since borne such precious fruits. Dr. Carus made the Scilly Islands the scene of his researches, and as one result presented Oxford University with a magnificent collection of marine invertebrata. Such antecedents eminently fit Dr. Carus for his present post—add to which a command over the English language far superior to that possessed by the majority of Englishmen over German. Dr. Carus, moreover, is an intelligent and discriminating follower of Darwin, as to whom he agrees with Professor Huxley in thinking him the greatest contributor to biological science whom late years have witnessed. The spirit in which Dr. Carus will guide his students may be gathered from his own words: "Now, gentlemen, we shall knock together at the door of Nature's sanctuary. May the entrance be granted to us and if

we are once therein, may our work be becoming the place, and our nature." It would, indeed, be well if (as the late Professor Goodsir suggested) a more frequent exchange of duty prevailed between the holders of English and Continental chairs—one temporarily relieving the other so as to adapt and give to a new audience the benefits of a culture and a freshness of thought which would react for good both upon teacher and disciple. Such, in truth, would be but a revival—and a very salutary one—of that intercommunion of learned bodies which the use of Latin as the universal medium of thought secured to academic Europe during the *renaissance*.

## EXTRAORDINARY CASE OF DOUBLE INTUSSUSCEPTION.

BY the courtesy of Mr. Peregrine, the house-surgeon to the Victoria Children's Hospital, we witnessed the autopsy of an out-patient who had been under the care of Dr. Julian Evan. We learned that on the 7th April the infant, aged six months, was first brought to the hospital on account of diarrhœa, which ceased four days later. On the 14th, the mother mentioned having felt a lump in the middle of the lower part of her babe's belly; but examination of the abdomen detected only general fulness, tympanites, and rigidity of the muscles, without marked tenderness on pressure. For ten days from this date the child continued under treatment for slight diarrhœa. On the 24th and 28th April the child was seen and treated for "increasedly frequent diarrhœa"; but on the evening of the last date became much collapsed, after straining at stool, when he voided, with a natural motion, an easily recognised portion of gangrenous gut. Some twenty hours later he passed a motion, which contained some shreddy matter, and rapidly sank from exhaustion. The child was unweaned, sucked well, and did not vomit up to the time of his death.

At the examination, twenty-one hours after death, no distinct tumour could be detected before the abdomen was opened. The small intestines were empty, and only an occasional trace of lymph existed on the peritoneum. A solid-feeling mass occupied the back part of the left iliac region, and extended from an evident intussusception some nine inches above, to within four inches of the anus. This mass proved to be doubly intussuscepted large intestine, for though it was mainly an inversion of a portion of the intestine into the tube of the gut immediately below, yet at one spot this relation of the upper and lower portion of bowel had been reversed. The portion of gut invaginated downwards was of a deep-red colour, with its contiguous peritoneal surfaces firmly adherent, closely packed into the surrounding bowel, and extending about five inches below the obtuse folded edge of gut, which formed the upper and external limit of this intussusception. On the outer or peritoneal surface of the bowel, two inches below the upper limit of the intussusception just described, there was an obtuse doubled edge of gut, forming the inferior and external limit of a portion, about an inch long, which was here invaginated upwards. The contiguous peritoneal surfaces of this second intussuscepted piece of intestine were non-adherent. A perpendicular section into the centre of these invaginations displayed five layers of intestinal wall lying parallel with each other at the situation of the second intussusception, whilst above and below this there were three layers so placed. Where the constriction was greatest, owing to the second intussusception, one side of the inner invaginated portion of gut was absent, evidently from gangrene.

It is clear that in this case the lesser or upward invagination was altogether secondary to the other, and probably occurred at the time of the last motion, or the last but one. This is possibly explained by the traction exerted, in the main intussusception, through the invaginated mass having drawn down the upper part of the outermost layer of intestine over and outside the portion of gut immediately below. The diarrhœa that was stated to exist was probably only a flux from the mucous coat of the invaginated and inflamed intestine.

The case is instructive as showing with what slight symptoms such a condition may exist in an unweaned infant, and how impossible it would be to reduce such a state of parts after the lapse of any interval from the time of prolapse. We hope the preparation from this case will be exhibited, for it is important as proving the possibility of an intussusception occurring upwards into the bowel above, and it is interesting from its completeness in showing the voided gangrenous portion.

## UNCERTIFIED CAUSES OF DEATH.

THE Government Bill for amending the Registration Acts has passed unscathed the ordeal of the Peers, and will, so far as we can discover, come before the Commons very much in its original form. We have already directed attention to the clauses affecting medical practitioners, who are henceforth to be *compelled gratuitously* to give certificates of the causes of death of their patients. A few facts kindly placed at our disposal by Dr. Farr will show to what extent medical certificates are given throughout the country, and will enable our readers to judge for themselves as to the necessity for the legislation proposed. Taking the whole of England and Wales, the proportion of qualified practitioners is about 9 for every 10,000 of the population; but in London the proportion is nearly 20, while in Wales it is less than 6, and in Cheshire and Lancashire less than 7. About 2½ per cent. of all the persons who die in England are returned in the registers as having "no medical attendant," and as the total proportion of medically uncertified deaths is close upon 8 per cent. of the whole mortality, it follows that 5½ per cent. will represent on an average the cases in which medical certificates are either not forthcoming or from some cause are rejected by the registrars. It is to be regretted that means are not taken to record how many of these latter cases occur, and the grounds for the rejection; surely it is important to distinguish between the certificates of legitimate practitioners rejected on the score of informality (such cases have come under our notice) and those given by unqualified persons. In London the causes of 91·8 per cent. of the deaths are certified by medical men, and 6·6 per cent. by the coroners; there are thus 1·6 per cent. uncertified, ·3 per cent. of these latter being accounted for by the fact of the deceased persons having no medical attendant. In Wales there are medical certificates for little more than 70 per cent. of all deaths registered; 5 per cent. are certified by the coroners; leaving nearly 25 per cent. uncertified, including 7 per cent. of persons dying without medical attendance. London and Wales are extreme cases, and between these the ratio of medically uncertified deaths in the registration divisions ranges upwards as follows:—South-Eastern 3·5 per cent., South Midland 4, North-Western 6, Eastern 7, West Midland 8·6, South-Western 10, Northern 10, North Midland 11, Yorkshire 11. We find it hard to believe that the medical men in Yorkshire are guided by any principle different from that which operates among their brethren in Hampshire or in Lancashire, and on that ground we think it unfair to assume without evidence that the great difference in the ratios of uncertified deaths in those three parts of the country is the result of neglect or unwillingness on the part of the profession to give certificates on proper application being made for them. Is it not a fact that many registrars get medical certificates

in every case of death where a practitioner has attended the deceased, while others fail to a greater or less extent under circumstances which, so far as the medical men are concerned, differ quite insufficiently to account for failure in the one case and success in the other?

## JOHN STUART MILL.

THE death of this distinguished philosopher is one which no scientific journal can afford to pass in silence. Were it only for his great work on Logic, he has earned the gratitude of every votary of inductive research. Thirty years have elapsed since it first saw the light, and the effects of its teaching are stamped deep and enduring on the minds of the present generation. For Mr. Mill it may be claimed that he turned the barren logic of the schools into the fertile fields of scientific and social inquiry, that he analysed the mental processes with a practical view to perfect the mind as an instrument of research, and that he systematised inductive method with a clearness and comprehensiveness unknown to antecedent philosophy. For this function he was fitted not only by his aptitude for abstract reasoning, but by his familiarity with material science in most of its departments. As a botanist he had a considerable reputation while still in his teens, as a mathematician he was in some departments the equal of Whewell and De Morgan on their own ground, as a classical scholar he enjoyed the respect of Grote, while in physiology and the sciences that underlie the physician's art his attainments reached something like professional exactness. Evidence of all this is impressed on many pages of his book, its fulness of illustration from every field of knowledge being one of its most practically useful features. With all these admirable characteristics, however, Mr. Mill's mind was by no means free from bias and even prejudice; his occasional incursions into the domain of politics and social science are among the least satisfactory episodes of his career. His opposition to the Contagious Diseases Acts, his tolerance of the Anti-Vaccination League, his efforts to widen the sphere of woman's work far beyond the limits imposed by nature, his attitude to the Church even, are a few among many examples of a mental waywardness which made him an object of suspicion to the legislator. For with all his acumen and candour he was one of the most impulsive of men, swayed by sentiment almost to a feminine degree. Indeed, he owed his death to the gratification of affections well-nigh morbid in their intensity. To be near his wife's tomb at Avignon, he purchased a house and grounds beside the cemetery, in a situation far from healthy, and rendered damp and gloomy by the dense trees, which he refused to cut down lest the nightingales might quit the spot. Erysipelas, a disease endemic at Avignon, seized him a fortnight ago, and ran a course so rapid as to prove fatal in four days. He preserved his intellect to the close.

## IDENTITY.

THE difficulties of proof and the dangers of making positive assertions as to personal identity have again been shown by the extraordinary mistakes which have occurred in relation to Mr. Robinson, whose attack of delirium tremens has thrown his widow into weeds and his friends into mourning. When Mr. Robinson disappeared six weeks ago, a body found in the Thames near Greenwich was identified as his beyond, it would have seemed, the possibility of doubt. The deceased not only resembled Mr. Robinson in general configuration, but a tuft of hair on the forehead, his baldness, his dress, a scar on the right leg, an overlapping tooth, together with the positive assertions of his wife, his servant, and a friend who had known him twenty-six years, left no doubt in the minds of the coroner's jury that the body had been properly identified. All writers on medical jurisprudence recognise the occasional difficulties of identifying dead bodies. This is due, it is said, to "a peculiar change" which comes over the features after death. The mistakes, however, are obviously caused, not by any change of feature, but by the absence of all that enables us to recognise a living man—expression, voice, gesture, and the like. The late Lord Mansfield, in the celebrated Douglas Peerage case, said that "in an army of a hundred thousand men every one may be known from another." This may be true of living men, but we strongly suspect that amongst the dead upon a battlefield the mistakes as to identity are numerous, though such mistakes would of course be easily remedied. The resemblance of separate features of individuals is usually tolerably strong, and the difference in the noses, eyes, lips, &c., of the average of mankind (excepting of course such cases as Socrates, the late Duke of Wellington, and the race of Hapsburg) is not such as to enable us to swear positively as to identity.

With regard to "change of feature" after death, we have heard, on undoubted authority, a curious account of a gentleman who was killed some ten or twelve years since in a railway accident. A friend went to recognise the body, which he was enabled to do by the striking resemblance which the features of the deceased gentleman bore to those of his sister, a resemblance which was not recognisable during life. The face had received a squeeze, and had been somewhat distorted, and in this way a latent family likeness had been developed.

There is a curious tradition in one of the medical schools north of the Tweed, of failure on the part of the friends to recognise the body of a deceased relative. It was in the days before the Anatomy Act, and a female body had been acquired in some irregular manner for the purpose of dissection. The friends of the deceased, having found out the *locale* of their missing relative, came with many a threat to recognise and claim the corpse. This they did at once, but the dissecting-room porter showing them that they were mistaken as to the sex, they admitted their error and retired. The long hair had been shaved off, and the porter in question had had the audacity to practise a bold deception which proved successful.

## UNWHOLESOME DWELLINGS.

WHAT renders a house "fit for human habitation" or the reverse? It seems that even upon such a question as that, medical men—nay, even medical officers of health—will go into the witness-box and flatly contradict one another. Well, our profession is evidently not afraid to wash its dirty linen in public, and that is the best that can be said of such a case as came last week before the Surrey Sessions on appeal against an order of the Camberwell Vestry under the Artisans and Labourers' Dwellings Act. Assuming that the *Metropolitan* correctly represents the facts, they are these. Certain houses were certified by the medical officer of health and the surveyor of Camberwell as unfit for human habitation, and an order for the demolition of the houses was issued by the vestry. Against this order the owner appealed, on the ground that the houses were capable of being rendered habitable. On the part of the vestry, it was testified by the medical officers of health for Camberwell, Newington, and Whitechapel—Dr. Bristowe, Dr. Iliff, and Mr. Liddell—as well as by three district surveyors, that the houses were utterly unsound as to materials and construction, and were altogether impossible of conversion into wholesome dwellings. Dr. Lankester,

medical officer of health for St. James's, Westminster, appeared as a witness on the owner's side, and is reported to have declared that the houses were not only capable of being properly repaired, but that if they were so repaired, they would be not only fit for human habitation, but he should be delighted to see the working classes so comfortably housed. That the Surrey County magistrates—who are probably house-owners themselves, and little likely to overlook the rights of property—should have unhesitatingly ordered the appeal to be "dismissed with costs," may be taken to indicate that Dr. Lankester would have best consulted his own dignity had he abstained from giving another example of the differences of doctors.

## PROFESSOR SHARPEY.

DR. SHARPEY, the distinguished Professor of Physiology in University College, London, and for several years past one of the secretaries of the Royal Society, underwent at the hands of Mr. Streatfeild a successful operation for the extraction of a senile cataract from the left eye, Professor John Marshall, his friend and former pupil, being present, Mr. Clover, also an old pupil, administering chloroform. The extraction was performed by making a corneal incision with an iridectomy and then removing the lens in the ordinary manner. Up to the time of going to press, the progress of the case has been most satisfactory in every respect, not a single unfavourable symptom having shown itself. The cataract in the left eye has been mature for several years, but the lens in the other eye has been sufficiently clear to allow of tolerably good vision till within the last few months, but lately it has become so opaque that an operation was needful to restore sight.

It is hardly necessary to state with what anxiety the favourable termination will be looked for by the whole medical and scientific world. Wherever physiology is studied the name of Dr. Sharpey is respected and revered, and several of the most eminent teachers of physiology of the present day hold dear to them the memory of the great man who first demonstrated to them the grand truths of physiology. It is not too much to say that no one during the present century has taught to better purpose, and none have made more friends or fewer enemies; in fact, we doubt if the latter can be found. Many a young man has had the rough and thorny road to fame and honour made smooth by the kind advice, the generous help, and practical suggestions of their great teacher, and hundreds of admiring students will watch with anxious interest the progress of the case. We sincerely hope that sight may be restored, and that Dr. Sharpey will be long spared to continue the useful work on which he has been for so many years engaged.

## CIRCUMSCRIBED INFLAMMATORY DISEASE OF THE AORTA.

DR. WALTER MOXON, as our readers are doubtless aware, has already placed on record in the Guy's Hospital Reports some facts which go to corroborate the correctness of the views of some pathologists of the German school and those of many of our own army surgeons—viz., that the ordinary inflammations of the coats of the great vessels arise chiefly through the mechanical strain they are subjected to in laborious occupations, or in cases of special tension in the arteries of some viscera through their pathological accidents. He now narrates a case in which the aorta presented some very curious circumscribed patches of disease that will not bear such an interpretation.

Dr. Walter Moxon's paper is contained in the new volume of the Reports, under the heading of "A Case of Inflammation of the Aorta, causing Contraction of its Ascending Part and fatal Ischæmia." The state of the vessel was the point of interest in the case. Its ascending portion, including its orifice of origin, was remarkably contracted, the general condition of the remainder of the vessel being good. There were, however, three patches of sharply circumscribed disease corresponding exactly with one another in appearance. One of these patches was at the origin of the vessel, another at the commencement of the descending part of the aorta, and the third near the cœliac axis. The inner surface of the diseased patch, when the vessel was slit up and spread open, had the appearance of a circumscribed eruption; the edge of it was in boldly-advancing convexities. The thickness of the diseased part of the vessel was considerably but not uniformly increased. The exterior of the diseased parts of the aorta had a very curious appearance, closely resembling that of coarse orange-peel, except for the white colour. A thick fibrous felt formed the outer layer of the diseased vessel, in which were numerous regularly set small spots of a yellowish colour, at about one-twelfth of an inch distance apart. When kept in spirit, these spots formed little pits, through their substance sinking more than the fibrous tissue around them. They were in the tunica adventitia, and each spot was microscopically composed of a vast quantity of minute cells. The characters of this disease, the smallness of the cells, their limitation to the coats of the aorta, and the very curious dotted distribution of the little foci of which the disease was made up, indicate, in Dr. Moxon's opinion, a proper disease of the vessel's wall rather than an accidental determination of ordinary inflammation; and the existence of such inflammatory diseases of the coats of the vessels is, he thinks, a very important truth. They occur in young people as acute and subacute fatal diseases. The curiously circumscribed patches of disease were unmistakably eruptive in the same sense as that in which we speak of cutaneous eruptions. From this and other cases which he has met with, Dr. Moxon is emboldened to express the belief that the coats of the arteries are liable to inflammatory eruptions as the skin to its eruptive inflammations.

## MEDICAL ADVERTISEMENTS.

WE are glad to find unexpected support in our efforts to suppress professional advertising in the daily press in so respectable a journal as the *Globe* newspaper. In its issue of the 9th inst. the *Globe* denounces the practice of inserting long strings of advertisements of medical works in the leading daily journals in the following terms:—

"It is impossible these books can be intended for the public, for unprofessional readers would never think of buying them. If they were written for medical men, the authors would be content to have them advertised in the journals devoted to the special subjects of the faculty. We are forced, then, to conclude that they are got up as a profitable speculation, certain weak-minded persons being more likely to call in a man whose name appears on the title-page of a medical work than one who has only professional skill and good sense to recommend him."

The writer proceeds to speak of a "lower deep" reached by some "physicians" who forward by post pamphlets on the most unsavoury subjects—a practice against which a strong protest is made. We can only hope that the term "physicians" does not imply any relation to the Royal College of Physicians. If it does, we earnestly beg anyone coming across such a pamphlet to forward it to the President of the College, who may thus perhaps be stimulated to take some steps in the matter, though so long as prominent Fellows of the College of Physicians continue their newspaper advertisements unchecked we must not be surprised if smaller fry descend to even less reputable methods of gaining notoriety. The recent resolution of the Council

of the College of Surgeons did something to show what is the feeling of the profession upon the subject; and though the names of more than one member of the Council itself still have occasional prominence, an effect was produced upon the profession at large which a corresponding manifesto upon the part of the College of Physicians would do much to enhance.

## UNIVERSITY OF LONDON.

THERE was a large gathering of the members of the University and their friends in the great theatre on Wednesday afternoon last, to see the gentlemen who had obtained degrees during the past year presented to the Chancellor, Earl Granville. After the usual routine of reading the account of the various examinations and the numbers passed and the presentation of the graduates, Earl Granville addressed the meeting. After alluding to the great service to the University of the late Mr. Grote, he spoke of the objections raised by Dr. Lyon Playfair to the severity of the examinations, especially that for matriculation, and showed that the small number of the graduates in a year was not due to the degrees of the University being less esteemed, but to the increasing severity of the examination. This was true of the graduates in medicine, and although not many obtained the degrees, yet there were three times as many candidates as twenty years ago. This had a necessary influence upon the medical profession, as was proved by the high position assigned to the graduates; one of themselves had claimed for the graduates the position of being the future teachers of the profession. With regard to the subject of Greek at the matriculation, whilst the Senate had resolved that the subject should not be compulsory, yet arrangements had been made for the examination in Greek of those who wished to pursue its study.

## THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting of this Society on Tuesday evening last, an important paper by Dr. Burdon-Sanderson, on the Infective Product of Acute Inflammation, was read. The paper was a further contribution to the subject of Infection, a subject which has been so ably treated by Dr. Sanderson in previous contributions published in the Reports of the Medical Officer of the Privy Council, and in the last volume of the Pathological Society's Transactions. The results of a number of experiments made on animals (rabbits, cats, and dogs) were related. In the majority of cases a fluid, the product of inflammation set up by an inorganic substance, as ammonia or iodine, was injected into the peritoneal cavity. The animal died within twenty-four hours with all the symptoms of septicæmia (vomiting, diarrhœa, and collapse). The post-mortem lesions were inflammation of the duodenum and rectum, and at times of the jejunum. The experiments are interesting, as showing that the fever produced is similar to that which follows the injection of septic matter into the peritoneal cavity. On examining the fluids and the blood of the animals killed just before death, a large number of bacteria were always found.

## LORD DERBY ON THRIFT.

THE Provident Knowledge Society, at a recent meeting in Willis's Rooms, was privileged to hear Lord Derby in one of his most sagacious and wisely philanthropic moods. Commenting on the want of thrift among Englishmen in general, and English workmen in particular, he said we make money faster, and spend it faster, than any other people—except, perhaps, the Americans. With such economy as is practised by the Germans, the credit system would become the exception, and one-half of the business of our County Courts would be stopped at a blow. The poor would then be protected in many ways; against, for instance, the adulteration of food. Under the present state of things they must take whatever article the shopkeeper offers; if they refuse, they are liable to be County-Courted for a debt they cannot pay. Debt, indeed, is a slavery almost as degrading and nearly as common as drunkenness—a vice of which debt is a very frequent provocative. Lord Derby praised the Society for bringing the banks to the people, as the people would never go to the banks; while Archbishop Manning, in support of his Lordship, eloquently described the opportunities enjoyed but neglected by the clergy and the profession in general to indoctrinate the poor in provident habits.

## SHORT RULES FOR THE PRESERVATION OF HEALTH IN INDIA.

IT is well known that there is a lamentable waste of life among the families of our married soldiers in India. The excessive heat of the climate and the enervating influences of a tropical life tell upon both mothers and children. The former are often compelled from loss of health to wean their infants; and young children are specially liable to diarrhœa and other bowel complaints in India, if the greatest care be not taken in regard to their diet. Much of the ill-health and mortality witnessed among the families of married soldiers arises from the utter ignorance of the parents of everything connected with Indian life. The medical authorities have made an attempt to remove this by the publication of some short rules for preserving health in India, copies of which are distributed among the married soldiers and their families on embarking from this country for India. These rules are comprised in a small pamphlet of seven pages. They are of course very elementary, but they appear to be well calculated, on the whole, to answer the end in view. A short sketch, showing the prominent features of the new country to which the married soldier and his family are proceeding, forms an introduction to the simple rules of living which follow. Information is furnished in different paragraphs, under so many separate headings, as to the married soldiers' quarters, the first effects of climate, diet of adults and children, drinking, care of the house and cleanliness, clothing, bedding, cooling of rooms, times for exercise, sunstroke, and medical advice.

## "FACT FOR DARWIN."

IN the "struggle for existence," how does the pheasant which, from nesting on the ground, is peculiarly exposed to four-footed or ground vermin, maintain herself and her eggs intact? Mr. W. B. Tegetmeier, in his intelligent and finely-illustrated work on "Pheasants for the Covert and the Aviary," suggests an answer. The peculiar, specific odour of the bird is suppressed during incubation, not, however, as a voluntary act. This suppression Mr. Tegetmeier ascribes to vicarious secretion—the odoriferous particles usually exhaled by the skin being, for such time as the bird is sitting, excreted into the intestinal canal, most probably into the cæcum or the cloaca. *Exempli gratia*, the excreta of the bird, when not sitting, have when first discharged no odour akin to the smell of the bird itself; whereas the excreta of a sitting hen have a most remarkable odour of the bird, but highly intensified. The explanation is, therefore, this—the suppression of the natural scent is essential to the bird's security during incubation; vicarious secretion of the odoriferous particles is made into the intestinal canal, so that the bird, becoming scentless, eludes notice even when dogs or ground vermin pass within a few feet of her.

## NON-COLLEGIATE STUDENTS AT CAMBRIDGE.

THE board for admitting and superintending these students have reported to the Senate that ninety students have been admitted since the scheme was sanctioned in 1869, and that there are at present fifty-one on the list. They state that they are well satisfied with the operation of the scheme, that the conduct of the students has been almost without exception satisfactory, and that their number has lately increased considerably. Several have attained distinction in the University or in colleges, and the scheme has enabled some students to live very cheaply while enjoying the advantages of the University. Several have assured the Censor that their whole expenditure in Cambridge was under £50 a year. The colleges have behaved liberally in opening the lectures to non-collegiate students, which has proved a great assistance to them.

Forasmuch as the cost of university education is the great obstacle to those who would otherwise desire to pass by that route into the medical profession, it will be some satisfaction to learn from the actual experience of Cambridge students that it may, under the non-collegiate system, be reduced as low as £50 a year, and that without sacrificing many of the advantages of the University. Those who desire further information should apply to the Rev. R. Somerset, Cambridge.

## FEES FOR MEDICAL EVIDENCE.

DR. CLARKE, of Blackhill, has come forward like another Hampden in the sacred cause of doctors' fees. At the Lanchester police-court, to which he had been subpœnaed to give evidence, in a case of assault, he resolutely refused to be sworn until he had been paid his fees for examination and evidence as well as for attendance and mileage from his residence. To some suave remarks of the chairman of the bench, to the effect that medical men "were witnesses in the cause of justice and for the public good," Dr. Clarke observed that he could not see much justice in employing a medical man and not paying him for his labour, and, with respect to working for the public good, he had too much of that practice outside courts of justice. He declined, in the interest of the whole of the medical profession, to give evidence unless paid for his loss of valuable time and for medical services. Whilst medical men were kept waiting outside police-courts, their patients and their practice suffered. The chairman, who appears to have been considerably perplexed, confessed that he did not know who was to pay Dr. Clarke, and ultimately the latter gentleman left the court without giving his evidence. Justice, however, did not halt. The trial went on, and the bench committed the prisoner to gaol for six months.

## THE WORKSHOPS ACTS.

IN the recent debate on the Workshops Acts in the House of Commons, Mr. Mundella spoke effectively as to the deteriorating influences operating on the *physique* of the French labouring classes—influences distinctly traceable to excessive toil, particularly among the women and children. A recent commission had shown that in some districts of France 4000 out of 14,000 conscripts, and in one district 14,600 out of 24,600 had been rejected as unfit to bear arms — the disqualifying characteristics being dwarfed stature, special infirmity, and deficient vital power. The protracted monotonous drudgery, on Sundays and saints' days, to which the small French landholders will subject themselves, their wives, and their children, is something incredible; but the phenomenon of passive submission to the most grinding labour becomes yet more remarkable in the manufacturing centres. For France the remedy for this state of things is of even greater importance than for Germany and Switzerland, where effective measures are already in force to mitigate the severity of female and juvenile labour. Profligacy in the great cities, from the capital downwards, and toil, degrading at once to mind and body, in the manufacturing and rural districts, are not precisely the conditions under which France will resume her place in the political foreground, rebaptise Elsass and Lothringen as Alsace and Lorraine, and repeat the boast that when She is satisfied Europe is at peace.

## RELIGIO MEDICI.

WE had thought that the days of intolerance on account of religious views were past, at least in matters medical; but it appears that in Cork a doctor must agree with his patient in religion, and more particularly when the patient happens to be insane! This seems very absurd, but we have the Roman Catholic paper, *Freeman's Journal*, gravely supporting the view that the resident physician to the Cork Asylum must be of the same religion as the bulk of the inmates. For aught we know to the contrary, there may be plenty of gentlemen of the desired faith who are eligible for the post on professional grounds, but we protest against any selection being based upon the religious persuasion of the candidates rather than their professional fitness for the post. We wonder whether the writer in the Irish journal is aware that pauper lunatics of the present day owe much of their ameliorated condition to members of the Society of Friends? Were, however, any Friend, or member of any other religious body save the Roman Catholic, to come forward, we suppose the people of Cork would regard him as utterly unfitted to have charge of their asylum. Fortunately the appointment does not rest with them, but with the Lord Lieutenant, who is not likely to be deterred from making a good appointment by any minor considerations.

## INFANT LIFE PROTECTION.

MR. CHARLEY, M.P., is indefatigable in his exertions to throw the utmost protection of the law around infant life, which, as we all know but too well, is exposed to great perils over and above those of ordinary natural operation. He has laid on the table of the House of Commons a Bill to amend the Law relating to Infanticide, which proposes to enact that, "If any person shall unlawfully and maliciously wound or inflict any grevious bodily harm upon any child during or immediately after its birth, and shall thereby cause its death, he shall be guilty of felony, and on conviction thereof shall be liable, at the discretion of the court, to be kept in penal servitude for any term not exceeding *ten years*, or to be imprisoned for any term not exceeding *two years*, with or without hard labour." Proof that such child was "completely born alive," a stumbling-block in the way of prosecution hitherto, is not to be necessary. The Bill was read a second time on Wednesday, but as the Home Secretary announced that the Government were prepared to deal with infanticide on a more comprehensive basis, Mr. Charley will no doubt leave the matter in their hands.

## CRUELTY TO BIRDS.

WE are glad to see that the Royal Society for the Prevention of Cruelty to Animals are successfully prosecuting the inhuman wretches who deprive birds of their eyesight under the idea—a false one—that such a process improves their singing. The operation, which by a horrible irony is called "sighting," consists in pushing a long needle into each eye of the bird, with the result of producing complete blindness, and frequently death, but not swan-like, in song.

One bird-fancier, who was fined £3 last week—would that we could add that it had been supplemented by a judicious application of the "cat,"—had acquired by constant practice considerable dexterity as an operator, and boasted that he had blinded forty birds in one morning. The mutilation perpetrated sixty or seventy years ago on Italian boys destined for the lyric stage will suggest itself to many of our readers on perusal of the foregoing. We hope the Society will not weary in its efforts for the repression of cruelty to birds. It might now direct its officers to inquire into a practice of rendering birds powerless to escape by breaking their pinions, which we fear is very common. The punishment of some of those individuals who may be occasionally seen prowling about the streets with an unhappy starling or painted bird perched on a stick, because it has been rendered powerless to fly, would give a wholesome lesson to a class of cruel scoundrels.

## GALVANO-PUNCTURE IN THORACIC ANEURISM.

LAST Wednesday afternoon, at St. George's Hospital, Mr. Holmes treated a thoracic aneurism by the galvano-puncture. The patient had been in the hospital since March. As the tumour grew rapidly, and the pulsation in it increased, notwithstanding rest in bed and the use of injections of ergotine, galvano-puncture was resorted to. Into the most prominent part of the aneurism, which bulged through the chest-wall a little to the right of the middle line, two needles were passed, some three-quarters of an inch apart, and to rather more than an inch beneath the skin, with their points not in contact. For ten minutes the positive current from eight cells was connected with the inner needle, while the negative current was applied through damp sponge to the skin encircling the needle for an inch or an inch and a half. At first the man only experienced pain from the insertion of the needles, but after a short time he complained of a burning pain, which extended from beneath the sponge down to the elbow. After this the connexion with the positive current was changed to the other needle, and twelve cells were used, the man, as before, experiencing a burning pain, not lessened by wetting the sponge. The current was stopped when it had passed through this needle for about ten minutes. The skin did not discolour during the process. When Mr. Holmes withdrew the needles, they appeared somewhat fixed. A few drops of fluid, chiefly serum, escaped when the first needle was taken out, and rather more blood followed the extraction of the second. Strapping a pad over each puncture completed the operation. Mr. Holmes thought the tumour was somewhat harder and flattened, especially about the inner needle. The needles were insulated to within about half an inch of their points. In the evening the man seemed quite free from pain.

## MINES REGULATION ACT.

A STRIKE seems imminent among the miners of Scotland. On the 8th inst. Mr. Bruce was waited upon by a deputation complaining of the "special rules" which, enacted in 1855 without the knowledge of the workmen, relieve the owners of their legitimate responsibility, and throw upon their *employés* an amount of duty at once onerous, irritating, and unjust. The miner, for instance, must attend to the security of the roofs and sides of the working-places, and, for that purpose, must visit each working-place at least three times each day; and in case of any failure to perform such repairs as might have prevented accidents, he will be dismissed from employment. These and other hardships have caused the Fifeshire miners to turn out to a man; while in East Lothian they are on the point of doing likewise. Mr. Bruce, however, declined to interfere between master and servant; but said the Government were at present considering whether the masters could not be made more responsible in case of accidents.

## POOR-LAW MEDICAL RELIEF.

FROM a Return lately presented to Parliament we extract the following particulars of the amount expended in Medical Relief to the Poor during the last ten years. These sums represent the yearly salaries of the medical officers, the extra medical fees paid to them under the General Consolidated Order, and the cost of medical and surgical appliances and of drugs. For the convenience of those who may wish to draw comparisons, we give also the total cost of relief to the poor and the mean number of paupers receiving relief at any one time in each of the years.

| Years. | Paupers. | Total Cost of Relief. | Cost of Medical Relief. |
|---|---|---|---|
| 1862 | 1,079,382 | 6,527,036 | 248,286 |
| 1863 | 1,014,978 | 6,423,381 | 253,204 |
| 1864 | 951,899 | 6,264,966 | 259,833 |
| 1865 | 916,152 | 6,439,517 | 264,052 |
| 1866 | 931,546 | 6,959,840 | 272,225 |
| 1867 | 992,640 | 7,498,059 | 272,341 |
| 1868 | 1,018,140 | 7,673,100 | 282,115 |
| 1869 | 1,032,800 | 7,644,307 | 282,313 |
| 1870 | 1,037,360 | 7,886,724 | 290,249 |
| 1871 | 918,864 | 8,007,403 | 290,418 |

The cost of medical relief was 3·8 per cent. of the total cost in 1862, and 3·6 per cent. in 1871.

## THE PHARMACOPŒIA.

AT its late meeting the Executive Committee resolved to accept the estimate of Messrs. Spottiswoode for the printing of 10,000 copies of the Addendum to the Pharmacopœia. We again revert to the question of the doses given in the Pharmacopœia, and would suggest the revision of this important part of the work. Whether this be acted on or not, we should say that practitioners would do well to regard the dose of drugs as rather less than the quantities given in the British Pharmacopœia. Of course our reference is chiefly to the more powerful preparations, as liq. strychniæ, tinct. of nux vomica, tinct. of aconite, prussic acid, &c., and to the first doses.

## LOCAL ADMINISTRATIVE AREAS.

MR. STANSFELD has moved for and obtained a Select Committee to inquire and report whether the existing areas and boundaries of parishes may be so altered and adjusted as to prevent the inconvenience which now arises from the limited extent or subdivision of certain parishes, from the overlapping of parishes in two or more administrative areas, or from parishes and unions being situated in more than one county. This is an exceedingly important matter, and we may have somewhat to say thereanent on a future occasion.

## METROPOLITAN HOSPITAL SUNDAY.

THE Council have issued a first list of ministers of various denominations who have promised their co-operation this year. The list comprises about 457 ministers; of whom 245 belong to the Church of England, 35 to the Roman-catholic Church, and 8 to the Jewish Church.

## THE EDINBURGH UNIVERSITY CLUB.

THE May meeting of this Club was held on Wednesday last at St. James's Hall, under the presidency of Sir William Armstrong, K.C.B., the Medical Director-General of the Navy. Among the visitors were the Dean of West-

minster, Dr. Sterndale Bennett, Dr. Walker of Peterborough, Dr. Forbes and Dr. Ellison of Windsor. Dr. Dyce Duckworth organised the business of the meeting with his accustomed felicity, and a successful evening was the result.

## MR. JUSTICE LUSH.

WE understand that Mr. Justice Lush, whose temporary absence from the bench in the Tichborne trial has been remarked, has been suffering from an attack of gout affecting the right foot since Friday last. The constitutional symptoms have not been unusually severe. The causes of the present seizure are probably attributable to his late exertions whilst on circuit, and the sedentary nature of his occupation. Mr. Justice Lush is well known to be of very temperate and abstemious habits, and there is every reason to believe that he will be able to resume his duties early next week.

## MR. HEADLAM'S MEDICAL BILL.

THE second reading of this Bill is fixed for Monday next. It may be gravely doubted, however, whether Mr. Headlam will think it worth while to occupy the House with a measure so uninteresting and so inadequate, even if the rules as to time permit of its discussion. We have elsewhere indicated our opinion of the duty of members should Mr. Headlam persevere in his attempt to read the Bill a second time.

## THE LOCAL HABITATION OF THE MEDICAL COUNCIL.

THE Commissioners of Her Majesty's Works and Public Buildings have given for the use of the Council the buildings hitherto known as the Provident Institution Savings Bank, 5, St. Martin's-place, Trafalgar-square, nearly opposite St. Martin's Church. The Council will therefore in all probability make a "flitting" to its new abode in two or three months.

## HEALTH OF SCOTLAND.

THE death-rate for the last few months in the chief towns in Scotland shows considerable diminution in the average mortality of the corresponding period for the preceding ten years. In the month of March last the deaths from zymotic diseases were only 16·4 per cent. of the total mortality, which is said to be the lowest ratio in any month of March since the registration commenced in 1865.

## MACCLESFIELD INFIRMARY.

AT a late meeting of the Macclesfield Town Council, the Town Clerk announced the investment in consols and stock of the sum of £35,000, which had been bequeathed by the late Mr. Joseph Tunnicliffe as an endowment fund for the new infirmary in that town. The annual proceeds of the sum, which is invested in the name of the corporation, will be devoted to the maintenance of the institution named, which was lately erected by voluntary subscriptions at a cost of £20,000.

THE sanitary authorities at Constantinople, having found that cholera had appeared at Widdin, have ordered quarantine on all vessels from the Upper Danube. Widdin is a very dirty Turkish town, containing about 19,000 inhabitants, and is also an important military station. The Danube steamboats cause constant intercourse between that town and Vienna *vid* Belgrade and Pesth, so that the progress of the disease from this point ought to be watched very narrowly indeed.

MR. FRANK BOLTON, in his report of the quality of the water supplied by the Metropolitan Water Companies during the past month, observes of the East London Waterworks Company that "the works authorised by the Acts of 1867 are complete. The Company has now storage reservoir at Walthamstowe to the extent of 220 acres, with present available contents of 360,000,000 gallons. This available quantity will be increased to 600,000,000 gallons. The total capacity of the reservoirs for purposes of subsidence is at present 610,000,000 and will be 850,000,000 gallons. The supply is drawn from the impounded reservoirs at all times, and the intake is closed during floods. The auxiliary works at Sunbury and Hanworth are not at present required, but the works are put in operation from time to time to maintain serviceable order, the water being distributed from the Hornsey-wood reservoirs."

THE Paris correspondent of the *Standard* relates the story of an exciting scene which took place on Sunday night last at the Hôpital la Charité. A young Corsican, who had been admitted with erysipelas brought on by alcoholic indulgence, was placed in a ward occupied chiefly by dropsical and paralytic patients. When the high fever with delirium supervened the man sprang out of bed armed with a long knife which he had managed to secrete under his pillow, and then appears to have run a muck among the other tenants of the ward, stabbing and cutting right and left. By the time he was secured seven patients had been more or less severely wounded, none of the wounds, however, being of a fatal character.

WE learn that Dr. Grieve has resigned the post of medical superintendent of the Metropolitan Asylums District Hospital at Hampstead. The great services which Dr. Grieve rendered to the public during the small-pox epidemic will not be forgotten. To him was largely due the admirable arrangements which enabled the committee of the hospital to meet the extraordinary pressure of the epidemic. It is a matter of regret that one of the first results of the altered use of the Hampstead Hospital, of its change for the time being from a hospital for infectious diseases to an asylum for imbeciles and harmless lunatics, should be the loss of Dr. Grieve's services.

A CHEMIST and druggist named Foster, living at Preston has been summoned for the twenty-fifth time for the non-vaccination of his child. It would perhaps be well for the authorities to consider whether it is worth their while to take any more trouble about Mr. Foster. He probably enjoys being summoned, and looks upon it as a form of martyrdom. He should be deprived of this enjoyment. To the credit of chemists and druggists, they are not often seen in a position of resistance to this most important Act of Parliament.

THE Wandering Minstrels and other musical amateurs, by permission of the Marquis of Westminster, K.G., will give an evening concert on the 29th inst., at Grosvenor House, in aid of the Extension Fund of the Belgrave Hospital for Children. H.R.H. the Princess of Wales heads the list of those under whose immediate patronage the concert will be held.

ACCORDING to private advices from Rome, the Pope is not expected to recover. His illness is a complicated one. Varicose ulcer of the leg, and epileptoid seizures which reappear as often as the ulcer closes, have lowered the resisting power of a constitution now labouring under subacute bronchitis and rheumatism. Drs. Sartori and Viale-Prelà are unremitting in their attendance while despondent in their prognosis.

Those of our readers who want to share "a physician's holiday" should peruse the "Doctor Abroad" in *Blackwood* for May. Eighteen months of hard work and ungenial weather have "hipped" the doctor, who accordingly tries the remedy he has so often prescribed to his patients, and starts on a continental tour. He traverses the beaten track—describes the "regular round,"—but with a physician's culture, an artist's eye, and a scholar's tastes. Just sufficient of the dramatic element is infused into his narrative to give it personal interest, and one or two little episodes break its smooth current. But the greater part of the first instalment consists of reflections, moral, artistic, and professional, and embodies the results of a wide, if not always profound, range of reading.

---

The Medical Committee of the Brompton Hospital for Consumption have requested Drs. Pollock, Theodore Williams, Symes Thompson, and Douglas Powell to deliver, during the ensuing summer, a series of lectures on Diseases of the Lungs and Heart. Dr. Theodore Williams will deliver the first two lectures, which will be on the subject of Spasmodic Asthma.

---

The second reading of Mr. Dalrymple's Habitual Drunkards Bill stands for Wednesday, the 11th of June, and, from the nature of the Bills before it, it is pretty sure to come on. There is reason to believe that the Government are disposed to adopt a considerable part of the Bill—viz., that which relates to voluntary entrance to established inebriate retreats.

---

From the Quarterly Paper of the Edinburgh Medical Missionary Society we are glad to learn that its operations have been productive of much good, especially in India and the East. Meanwhile the home work of the Society has not been neglected, satisfactory accounts of its success in Glasgow, Aberdeen, and Liverpool having reached us.

---

The practitioners of the old Indian school of medicine—the Hakims, as they are called—have protested against the replacement of their own by the European Pharmacopœia. A company of them have lately opened an "Indo-European Medical Hall," where only native drugs are vended.

---

A society has been formed in New York to establish what are called "diet kitchens" in every dispensary district of that city. Each "kitchen" will furnish properly prepared food to the sick poor on the requisition of the dispensary medical officer.

---

The King of Bavaria has given 1000 florins towards the erection of a monument to Liebig at Munich. A committee presided over by Councillor von Niethammer are actively engaged in the preliminary steps.

---

Lord Napier and Ettrick will preside on the 21st inst. at the distribution of prizes in the Faculty of Medicine of University College, London. The chair will be taken at two o'clock.

---

# Analytical Records.

### GOODALL'S QUININE WINE.

The combination of quinine with alcohol and the flavouring ingredients of wine, especially orange wine, is certainly as useful as it is pleasant and popular. The acid used to ensure the solution of the quinine, in place of being mineral, as in most of the mixtures prescribed by the faculty, is vegetable, and hence is less liable to disagree with the stomach and give rise to painful tormina—a result rendered still less likely to occur in consequence of the presence of the alcohol and the aromatic oil of the bitter or Seville orange.

It is obvious, however, that the efficacy of quinine wine will depend greatly upon the quality and quantity of the constituents of which it is composed, and especially of the quinine employed; but on this point Messrs. Goodall expressly state that their wine is made with Howard's quinine. The samples of Goodall's quinine we have examined have been of excellent quality, and remarkable for unprecedented cheapness, which, in these days of dearness and scarcity, is certainly in itself a great and unusual recommendation.

### SOLUBLE PHOSPHATE OF IRON.

The soluble phosphate of iron of M. Leras consists of the pyrophosphate of iron and soda. It is usually prescribed in the form of the syrup—a very agreeable preparation. It is free from acidity, and is stated not to blacken the teeth or produce constipation. On account of its extreme solubility it is dissolved more readily than most preparations of iron, and the system is in consequence more speedily brought under the effects of this powerful remedy. The agents for its sale are Messrs. Newbery and Sons, 37, Newgate-street, London.

### DRAGEES DE PHOSPHATE DE FER.

This is another and very elegant preparation of the pyrophosphate of iron and soda. In this form the remedy may be administered with the greatest ease to children or the most fastidious adult.

### THAPSIA.

Thapsia gargarinea is an umbelliferous plant very common in Algeria, and stated to be freely used by the Arabs for its revulsant properties. The active principle of the plant is a resin, which Dr. Reboulleau has succeeded in separating, and with which the revulsive plaster we are thus bringing under the notice of our readers is prepared. The English agents are Messrs. Newbery.

### ZOLLHAUS SELTZER WATER.

A sample of seltzer water has been sent to us which is said to come from a spring at Zollhaus, in Nassau, about eight miles from the celebrated Selters spring, the property of the German Government. A company has been started for the purchase and utilisation of the Zollhaus spring; and it should have a fair chance of success if we may judge from the composition of the water, which we have ascertained approximately by analysis. The water has a sharp, acid taste, and is even more highly charged with carbonic acid than the ordinary kind, from which it differs, moreover, in several particulars. The solid matter consists almost entirely of the carbonates of sodium, calcium, magnesium, and iron, the last three being of course held in solution by carbonic acid. No sulphuric acid, and only a trace of chlorine, could be detected. This last point is very singular, since chlorides, and particularly sodium chloride, form the largest solid ingredient of the Government seltzer water. Whether the presence of a large quantity of common salt in seltzer water is an advantage may well be doubted, so that a comparison seems to tell in favour of the Zollhaus water, which has, moreover, the additional merit of containing iron. The waters will be introduced to the profession and the public by the well-known importers, Mr. Ingram and Mr. Gallais.

### ACQUA SALSO IODICA DI SALES.

This is a mineral water which is said to have met with great success in Paris. Its chief constituents are the chlorides of calcium, magnesium, alkali, metals, &c.; but it is chiefly interesting from the presence of an unusually large proportion of iodine. We should like to see a trustworthy quantitative analysis of the water, as it is probable that some curious points would come to light. The specific gravity of the sample we examined was 1015, and it contained no sulphates.

### CELENTA EGYPTA.

A preparation (made by W. Hill & Son, 60, Bishopsgate-street) which appears to be similar to the well-known Revalenta Arabica. It is very rich in the flesh-forming elements of food, and is well prepared.

# Correspondence.

"Audi alteram partem."

## SIR C. ADDERLEY'S PUBLIC HEALTH BILL.

*To the Editor of* THE LANCET.

SIR,—The great uncertainty of successful Parliamentary action attending all efforts made by independent members during the present session of Parliament has alone prevented my writing and drawing your attention before this to the Public Health Bill by Sir C. Adderley, F. Powell, &c.; but as during the last week the Bill passed the second reading, and Mr. Hibbert, on the part of the Government, has announced that the Bill was approved of and would obtain its support, it has become necessary that I should invite your readers' consideration of certain provisions contained therein, which affect the interests of the profession, and notably all those engaged in the administration of medical relief to the poor.

Some three weeks ago, being at the Carlton Club, I went through the clauses of the Bill with Mr. Powell, who, after explaining its provisions, expressed the hope that I would support the measure. Whilst agreeing generally that there was much contained in the Bill which had my hearty approval, I took occasion to state that the Association I was connected with would enter a decided opposition to the 13th Clause, which ordains "that the Local Government Board may from time to time require from all medical officers of health, and from all medical officers appointed under the laws for the relief of the poor, such reports of particulars respecting sickness within their respective districts as the Local Government Board may think fit," unless some provision were made for payment for any additional labour on the part of the officer who furnished it. Mr. Powell frankly admitted the justice of my objection, and said it was open to our friends in the House to propose an amendment giving effect to my views. I have therefore written to Dr. Lush, urging him to put an amendment on the paper; I have also drawn up and have forwarded a petition (a copy of which I subjoin), praying that proper remuneration shall be granted.

Were our profession as alive to its own interests as it ought to be, such an attempt to obtain gratuitous information for the public benefit would never have been dreamt of; but though miserably disunited and therefore politically ineffective, surely we possess sufficient influence, if we care to exert it, to induce the House of Commons to do us the simple justice to which we are entitled. To secure this, I advise that the petition be copied, and after being *signed*, that it should without delay be forwarded to Dr. Lush or such other M.P. as the petitioner may know, coupled with the request that he will not only *present* it, but will *support* its prayer in his place in the House.

I am, Sir, yours obediently,

Dean-street, May 13th, 1873. JOSEPH ROGERS.

*To the Honourable the House of Commons, in Parliament assembled.*

The humble petition of , Poor-law Medical Officer, sheweth,—

That whereas there is a Bill at this present time before your honourable House, entitled, "The Public Health Bill, 1873," which under the 13th clause provides that the Local Government Board "may from time to time require from all medical officers of health, and from all medical officers appointed under the laws for the relief of the poor, such reports of particulars respecting sickness within their respective districts as the Local Government Board may think fit," but which clause fails to make provision for the remuneration of the additional labour thereby entailed;

Your petitioner urges on the consideration of your honourable House the fact that the Poor-law medical officers are at present very insufficiently paid for the duties which they perform, and that in your petitioner's opinion it will be both unfair and impolitic to impose additional duties without such extra remuneration as the justice of the case demands.

Your petitioner prays that no Bill be permitted to pass your House which does not contain provision for the payment of any extra service required under any such Act.

And your petitioner will ever pray.

*** We commend Dr. Rogers's suggested petition to the profession, and trust that it will meet with the support that it deserves. But we regret that action should have been taken so sluggishly in this important matter, to which THE LANCET directed prominent attention in its impression of the 19th April.—ED. L.

## UNIVERSITY PHYSIOLOGICAL LABORATORIES.

*To the Editor of* THE LANCET.

SIR,—Some expressions which escaped your reviewer in a notice of the new "Handbook for the Physiological Laboratory," edited by Dr. Burdon Sanderson, seem to me to be surely rather ill-considered, or else to result from a want of information on the actual state of practical physiology in the universities. At Oxford practical physiology is not taught at all—Dr. Rolleston I believe has excellent reasons for preferring to concentrate the whole strength of his teaching staff and museum upon comparative anatomy. Anybody who has inspected Dr. Rolleston's system, or, better still, studied under him as I have for a considerable period, cannot but feel that the application of the term "creeping" is very disparaging, and but a poor compliment to the earnestness and energy with which he has applied himself to his duties for the last twelve years.

As applied to the laboratory under the care of Dr. Foster, at Cambridge, the word quoted above is the more easily passed over as it is the more inapplicable. Considering the wretched accommodation at the disposal of Dr. Foster—two rooms of very moderate dimensions—I think the amount of work done is most exemplary; the smaller room is reserved for original researches carried on by some of the senior students, while in the larger room the practical biology class is at present held; this is attended by twenty-nine students, who are put through a course intended as an introduction to biological science by Dr. Foster, with the help of four well qualified assistants. Surely this is not "creeping"; if it be, it is a mode of progression in this case eminently satisfactory.

I am, Sir, yours faithfully,

CHARLES YULE, B.A.

St. John's College, Cambridge, May, 1873.

*** We think our correspondent has misunderstood the tenor of our remarks. In making use of the term "creeping" we referred, not to the quality of the teaching, which we hold in the highest estimation, but to the numbers who avail themselves of it. Does Dr. Yule think that in so vast and important a subject as biology, twenty-nine students represent a fair proportion of the whole number in attendance at the university? We entertain no doubt that both the Linacre Professor of Physiology and the Trinity Prælector would be charmed to see their classes trebled or quadrupled as we have no doubt that they will be in a few years' time. We are sorry to learn that practical physiology is not even "creeping" at Oxford. It is not antagonistic to comparative anatomy, and we can only hope that every student will pursue the plan adopted by Dr. Yule of studying at both universities.—ED. L.

## A PROPOSITION.

*To the Editor of* THE LANCET.

SIR,—Seeing in your impression of May 3rd a letter from "A Provincial Practitioner" in reference to the Society for the Relief of Widows and Orphans of Medical Men, may I say that I agree with my brother, but should like to have a society differently formed; so that should you consider a few remarks from me worthy of being put in your valuable paper, to which I am a constant subscriber, in order that I may put before my brethren a project in its embryo

state, I shall consider it a kindness. Noticing how often we are called on to subscribe to the relief of some individual member of our noble profession—for one instance alone, take the late I. Baker Brown, Esq.,—and knowing what a tax, if I may be allowed to use the term, it is on our individual means, I am wishful to put forward a proposition and idea—the working department and details I must leave to my seniors, who have much more experience than I at present can pretend to have.

We have a Medical Club, which in its way is useful, but mainly, and, in fact, comparatively speaking, solely available and useful to those in London, or, shall I say, a radius of some thirty miles, and the rest of the brothers outside this line reap the benefit in a very sparse degree. I may be, I know, corrected as to drawing any line at all. But my own case is this: I am about eighty miles from town; I ask, of what use to me is the Medical Club? Now, were a club of some such description as this instituted, viz., a club *for* help during sickness through accident or otherwise, amongst ourselves alone, numbering, as we do, some thousands, I, for one, should willingly become a member. Of course I open out only a suggestion. If worthy of being taken up, I shall be glad to find I have been the means of helping some of our poorer brethren. Having lately commenced practice, being a young man, I am prepared to look forward, not only to a career of health and work, but to times of sickness and an assistant (?) Sickness, a small practice, and a qualified assistant, where are the *means*? Now I wish to lay before my fellow-workmen a noble cause, which is this:—Can we not, by paying an annual amount, to be discussed and settled by more experienced persons, as I said before, than myself, contrive to arrange to raise and support a club, so that during sickness we can receive, say two or three guineas weekly, according to the amount subscribed annually, on a certificate signed by a brother who would have as much interest in the club as the recipient.

Leaving the subject now in its embryo state, to be either taken up or left to die a natural death, and knowing like a grain of sand in the desert I am but an atom of our great profession,

I subscribe myself, yours hopefully,

May, 1873. STONHAM ASPALL.

## PARIS.

*(From our own Correspondent.)*

THE General Association of the Medical Men of France held its two annual sittings a few days ago. The opening meeting was inaugurated by the President, Professor Tardieu, who complained in bitter terms of the indifference manifested by the members of the National Assembly who had recently refused to consider various questions of professional interest which had been brought before them. The same subject was taken up by the General Secretary, who furthermore gave a report of the movement of the Provincial Branch Associations. On the following day, Dr. H. Roger, and M. Brun, the treasurer, presented to the Assembly an account of its present financial situation, which, it was stated, is very prosperous. During the last year 30,000f. had been given away as aid to the widows or children of medical men. At the same sitting Dr. Brouardel summed up the various debates which had taken place in the provincial Societies during the previous year.

There is some agitation going on among the Professors of the three faculties of medicine (Paris, Montpellier, and Nancy), and at the Paris Academy of Medicine, touching the forthcoming election of the two members to represent the Faculties and Academy in the Superior Council of Education. The duties and prerogatives of this Council, such as they were recently voted by the National Assembly, are so very great that it is considered that the Council will be even more powerful than the Minister of Public Education himself in deciding on all questions connected with education and educational bodies, so that of course considerable importance is attached by the faculties and the Academy to the choice which they are about to make of their representatives. The three faculties are to be represented by only one member, and it is very likely that the Professors of Nancy, Paris, and Montpellier will select M. Wurtz, the present Dean of the Paris School of Medicine. As to the Academy of Medicine, five candidates are stated to have equal chances for election. Professor Bouillaud, Dr. Barth, (former President of the Academy and physician to M. Thiers), Baron Larrey, and Professor Bouisson of Montpellier, member of the National Assembly.

The Minister of Agriculture and Commerce has, on the proposal of the General Consulting Committee of Public Hygiene attached to his department, bestowed a number of gold, silver, and bronze medals on several medical men who had distinguished themselves in the provinces and rendered good service by their labours as members of the various local councils of health which are officially instituted throughout France.

It is reported that the commission appointed by the Government to decide on a thorough reorganisation of the sanitary department of the army cannot agree in drawing up a report, and the matter is left over. The present system will therefore be maintained.

It is mentioned that Dr. Gautier, of Bazouge-la-Pérouze, has discovered the existence of natural cow-pox in his locality. Five tubes were sent to Dr. Joulin, the well-known obstetrician of this town, and the results of his vaccinations have been most satisfactory. Dr. Joulin is carrying on a series of vaccinations in co-operation with several other *confrères*.

A case of death through chloroform has just occurred at Lille, and the man who administered it—a dentist without any sort of degree—has been condemned for "involuntary homicide" to one month's imprisonment and a fine of twelve shillings, and about twenty pounds damages.

The last sitting of the Society of Surgery was taken up by two interesting discussions on subjects of uterine surgery. Dr. Courty, of Montpellier, first read a paper on the Surgical Treatment of Stricture of the Cervix Uteri. He stated that forcible or slow dilatation was not sufficient to dilate in a permanent manner the vaginal orifice of the cervix uteri, and that surgical means were necessary for stopping dysmenorrhœa, and, in some cases, removing sterility. Dr. Courty has employed three methods:—1. Instantaneous bilateral loosening, by means of the simple or double hysterotome. Dr. Courty prefers, however, a tenotome with a blunt point, a narrow blade, and long handle. Cicatricial tissue soon narrows again the cervical canal, so that Dr. Courty employs this proceeding only in cases where a folded mucous membrane shows that there is tissue enough for providing for the process of retraction. 2. In order to prevent cicatricial retraction of the angles, M. Courty makes use of a special instrument, which consists of two metallic rings passed through the substance of the cervix, one on the right and the other on the left, like the rings of the lobules of the ear. Both of the rings cut, and the result of the section is added to the normal orifice. 3. When the preceding methods are insufficient, the author has recourse to autoplasty, for performing which he has adopted three different procedures. The first consists in making an incision on each side of the cervix, and a suture of the external mucous membrane with the internal one, when they are loose enough to be brought together. By the second procedure M. Courty cuts a quadrilateral mucous flap in front and another behind; he dissects the two flaps and excises the prominent part of the cervix uteri; he then concludes with a suture. Thirdly, instead of cutting out anterior and posterior flaps, M. Courty cuts two lateral flaps of a triangular or quadrangular shape. Into each bleeding commissure of the uterine tissue he introduces a flap of mucous membrane, which he maintains by means of a suture. This last proceeding has been employed twelve times during the last four years with excellent results.

In the debate which followed, Dr. Desprès made some remarks on the rareness of strictures of the cervix; out of 4000 patients he had observed at Lourcine, he had only seen two cases of stricture.

M. Blot made the same remark. In twenty-seven years' practice he had only met six or seven cases. When Huguier's hysterometer could pass no treatment was necessary. M. Courty had spoken only of stricture of the internal orifice; how did he cure dysmenorrhœa and sterility when there was stricture of the internal opening? He had seen cases of imperforation of the cervix, but had

only seen one case of internal stricture, and believed external stricture to be very rare. In talking of treatment, reference should be made to the inner orifice. As to sterility, it was a complex question. Maturation of the genital organs might take place only after several years of marriage, and a fact due to physiological evolution be ascribed to an operation. Furthermore he attached little importance to narrowness of the cervix in dysmenorrhœa and sterility.

Professor Verneuil asked M. Courty to give his cases in full, and hoped he would give indications for operating. He had seen stricture after amputation of the cervix for epithelioma. In one of these cases the orifice would scarcely admit a probe, and there were no pathological symptoms. In another, the cervix was narrow, and there was dysmenorrhœa; also, the ovary was painful. After application of some blisters to the abdomen dysmenorrhœa ceased, though the cervix remained quite as narrow. Indications for operating were difficult to set down. In strictures of the cervix, Robert used to cut with a bistoury; the incision cicatrized; dilatation was not permanent, yet dysmenorrhœa was removed.

In answering these objections, Dr. Courty said he meant only to describe his operations for the present, but intended to take up the subject of indications at a forthcoming sitting. Dr. Desprès had seen a few cases at Lourcine (the female Lock Hospital), because stricture mostly occurred in newly-married women. As to Dr. Blot's remarks, the internal orifice was the more open as the external one was small. As to cases where the internal orifice was narrow when the external one was normal, they would be treated of specially on another occasion. Out of his twelve cases of operation he had not lost one patient. In all the cases the symptoms disappeared after the operation. Of course there were other causes of sterility besides narrowness of the orifice. In one of his cases, however, with an excessively conical cervix and a very narrow orifice, fecundation took place so speedily after the operation that it was difficult not to ascribe it to the procedure.

At the same sitting, Dr. Hergott, formerly of Strasburg, communicated a paper on the treatment of vesico-vaginal fistulæ. Success in these cases had been attributed to the metallic suture, or to one procedure rather than another; but the key to success was, as in all other cases of autoplasty, perfect paring and perfect reunion. A good speculum and a good posture of the patient were necessary. Dr. Hergott described the instrument which had served him in fourteen cases—a gutter-shaped tin speculum for depressing the posterior wall of the vagina. For seeing the anterior wall, he caused his patients to lie on an inclined plane of 45 degrees, and the posture adopted was that described by Dr. Gustav Simon as the pelvi-dorsal position. Twelve out of the fourteen cases recovered; the remaining two died from peritonitis at a time when epidemic peritonitis prevailed at the Lying-in Hospital. Dr. Hergott stated that he had adopted Simon's plan of not sounding his patients, and not endeavouring to evacuate the water by means of permanent sounds; he had thus avoided cystitis and obtained the best results.

Paris, May 12th, 1873.

## PARLIAMENTARY INTELLIGENCE.

### HOUSE OF LORDS.

MAY 8TH.

THE Registration of Births and Deaths Bill passed through Committee.

### HOUSE OF COMMONS.

MAY 9TH.

PUBLIC HEALTH BILL.

On the order for resuming the debate on this Bill, Colonel BARTTELOT complained that an important measure like that before the House—one which sought to interfere with the rights of private property—should be brought on at such a late hour—namely, 12.15 A.M. After some observations from Mr. FOWLER, the Bill was read a second time, on the understanding that it should be discussed upon going into Committee.

AGRICULTURAL CHILDREN BILL.

On the order for the third reading of this Bill, Mr. MUNDELLA moved that it be read a third time that day six months. He was of opinion that the Bill, if passed, would become a dead letter, inasmuch as it would never be carried out by those to whom its enforcement would be entrusted. The Bill was read a third time and passed.

MAY 12TH.

CONDEMNED TOBACCO.

In reply to Mr. Barnett, Mr. BAXTER said that the Commissioners of Customs had informed him that the quantity of unmanufactured tobacco destroyed during the last three years amounted to 240,000 lb., and that the quantity of manufactured tobacco destroyed during the same period amounted to 72701b. Nearly the whole of that tobacco was unmerchantable, and was, in fact, mere refuse, and, if sold, would only have brought a mere trifle.

MAY 13TH.

INSPECTION OF NUISANCES.

In reply to an hon. member, Mr. HIBBERT said that wherever medical officers and inspectors of nuisances were made by the Local Government Board, or with their sanction, one-half of their salaries would always be paid by the Government.

POOR-LAW RELIEF.

Mr. W. H. SMITH gave notice that on an early day he would call attention to the administration of the Poor Law, especially of out-door relief, and move a resolution.

MAY 14TH.

INFANTICIDE BILL.

The Second Reading of this Bill was moved by Mr. CHARLEY. Mr. BRUCE, while not objecting to the principle, pointed out various defects in the clauses. The Government, he announced, had a bill prepared on the whole subject of the punishment for murder, and on that ground he urged the withdrawal of this measure. Mr. HOLKER supported the Bill. Mr. HARDY and Sir G. GREY joined in seconding Mr. Bruce's advice, and after some observations from Mr. HUNT, Sir G. JENKINSON, and the ATTORNEY-GENERAL, the Bill was read a second time on the understanding that it would not be pressed further

## Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen have passed the primary examination in Anatomy and Physiology:—

L. A. Weatherly, Bristol; A. O. White, St. Mary's Hospital; T. E. Bascombe, St. Thomas's Hospital; E. Ground, A. W. Wright, J. Davies, and C. S. Bayley, King's College; J. W. Watson, F. M. Sherrin, and J. Coutts, University Coll.; E. I. Pilling, W. W. Pinching, B. Jumeaux, P. J. Jackson, and J. H. Vinter, Guy's Hospital; A. Cosgrave, E. W. Martland, W. Walker, A. C. J. Wilson, F. H. V. Groshoix, C. W. Folkes, C. H. Phillips, and J. F. Harrison, Manchester; T. S. Sutton, J. C. Creswell, G. Sibbering, and F. C. Quartley, Middlesex Hospital; G. F. Jackman, C. C. Turnour, W. G. Archer, C. A. Daubeny, R. Golding, H. S. Little, G. H. Smith, and S. M. Smith, St. Bartholomew's Hosp.; C. V. Whitby, J. I. Toll, W. Moxon, E. S. Warrillow, and T. Smith, Birmingham; R. L. Lawson, Dublin and Guy's Hospital; H. J. Owen, St. George's Hosp.; T. S. Pitts, Glasgow and King's Coll.; J. M'Naught and R. Saundby, Edinburgh; R. Richardson and H. Hick, Leeds; H. A. Shera, Sheffield.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on May 8th:—

Bredin, John Noble, Chart Sutton, Kent.
Jordan, Fredk. William, Plymouth-grove, Manchester.
Nash, William Gunner, Farnham, Surrey.
Winkworth, Frederick Sydney, Chalcot-terrace.

As Assistant in Compounding and Dispensing Medicines:—

Sharrah, Richard, Hull.

The following gentleman also on the same day passed his Primary Professional Examination:—

Symonds, Horatio Percy, University College.

MRS. OWEN, the wife of Professor Owen, died lately at Sheen Lodge, Richmond-park, in her seventy-first year.

THE annual dinner of St. Mary's Hospital was held on Wednesday evening last at Willis's Rooms, under the presidency of the Marquis of Lorne.

PLEURO-PNEUMONIA is now said to be very prevalent at the Isle of Man.

TWO butchers were lately sent to prison, without the option of a fine, by the Coventry magistrates, for having exposed for sale a quantity of mutton which was unfit for human food. It is to be hoped that the craft will take this salutary lesson into consideration before attempting to buy carcasses of mutton for two or three shillings. The public will gladly see a few more such sentences.

THE Marquis of Lorne presided last week at the twenty-eighth annual dinner of the German Hospital, which was established in October, 1845, at Dalston. The number of in-patients treated since the opening of the hospital was 21,803, while the grand total of out-patients since the foundation was 185,656, of whom 118,583 were English. The donations amounted to nearly £4000, of which the Emperor of Germany subscribed, as his annual gift, £200.

ROYAL COLLEGE OF SURGEONS, IRELAND.—At a meeting held on the 6th inst., pursuant to charter, to elect examiners for the ensuing year, the following gentlemen were selected:—To examine candidates for the Letters Testimonial and for the Fellowship: John Barker, Christopher Fleming, Benjamin Wills Richardson, M. Stapleton, Edward A. Stoker, Joliffe Tufnell, and Edward Stamer O'Grady.—To examine for Diploma in Midwifery: John Cronyn, John R. Kirkpatrick, and William Roe.—To examine candidates in General Education: John Murray, Edmond Nugent, and Henry J. Tweedy.

DONATIONS &c., TO MEDICAL CHARITIES.—Among the subscriptions for the new Hospital for Incurables at Oxford are—Anonymous, £1000; the Marquis of Bute, £200; the Duke of Northumberland and W. Forster Melliar, Esq., £100 each; Sir A. Edmonstone, £50; Mr. Gathorne Hardy, M.P., £50; Sir W. Page Wood, £10; and Lord Carnarvon, £5. Miss Harrison, of Weston Hall, Sheffield, has bequeathed £1000 to the Edinburgh Medical Missionary Society. Mr. John Fernley, of Southport, has bequeathed £500 to the Southport Infirmary, and £250 to the Manchester Infirmary. The Grocers' Company have given £100 to the West London Hospital, Hammersmith.

THE quarterly meeting of the Committee of the Belfast Branch of the Royal Medical Benevolent Fund Society of Ireland was held at Belfast on the 7th inst., the members present being—Dr. T. H. Purdon, the permanent President, in the chair; Dr. Drennan, Dr. S. Brown, R.N., J.P., Dr. James Moore, Surgeon H. M. Johnston, Dr. M. M'Gee, Dr. Arnold, Alderman Whitaker, M.D., Dr. Stewart, hon. secretary. Dr. Brown, treasurer, reported that the subscriptions and donations for the present year received by him amounted to £243 10s., included in which was Surgeon Johnston's liberal donation of £100. Dr. Stewart, the hon. secretary, reported that the medical students of the Queen's College, Belfast, following up the contributions collected among themselves last year, and for which the marked thanks of the general meeting in Dublin were passed to them, had this year also liberally subscribed, their purpose being to do so regularly—a proceeding on their part which the committee observed was eminently to their credit.

## THE PUBLIC HEALTH ACT, 1872.

[In the following list the letters "R.S.D." signify Rural Sanitary District, and "U.S.D." Urban Sanitary District.]

| *Districts, and Medical Officers.* | | | *Salary per ann.* | *Area in Acres.* | *Population.* |
|---|---|---|---|---|---|
| Abingdon: Bradfield, Cookham, Easthampstead, Hungerford, Newbury, Wallingford, Windsor, | R.S.D.s. | combined—Dr. William T. G. Woodforde | £750 | ... | 17000 |
| Abingdon: Maidenhead, Newbury, Speenhamland, Wallingford, | U.S.D.s. | | | | |
| Amesbury, R.S.D.—Mr. Charles Eddowes ... ... | | | £100 | 60805 | 7953 |
| Astley-Abbotts, Bridgnorth, | U.S.D.s—combd. | Mr. Alfred Mathias | £40 | 6188 | 6532 |
| Banbury: Bicester, Chipping-Norton, Henley-on-Thames, Thame, Witney, Woodstock | R.S.D.s. | combined—Dr. G. W. Child | £760 | 49429 | 11742 |
| Bicester Market End, Chipping-Norton, Henley-on-Thames, Thame, Wheatley, Witney, | U.S.D.s. | | | | |
| Barkisland: Brighouse, Elland, Hipperholme, Luddenden-Foot, Midgley, Northowram, Queensbury, Rastrick, Rishworth, Shelf, Southowram, Sowerby, Sowerby-bridge, Soyland, Warley, Halifax, R.S.D. | U.S.D.s. | combined—Dr. T. Britton ... | £600 | 40819 | 79950 |
| Barrow-in-Furness, U.S.D.—Dr. J. Allison... ... | | | Not fixed | 6157 | 30000 |
| Basingstoke, R.S.D.—viz.: | | | | | |
| District No. 1—Mr. C. Frere Webb... ... ... | | | £25 | ... | 2354 |
| " 2—Mr. Robert B. Sweeting ... | | | £25 | ... | 2367 |
| " 3—Mr. Charles Webb ... ... ... | | | £25 | ... | 2286 |
| " 4 & 6—Mr. Thomas Sweeting ... | | | £30 | ... | 4100 |
| " 5—Mr. George H. Davis ... ... | | | £15 | ... | 1239 |
| Bedale, R.S.D.—Mr. Robert Fothergill ... ... | | | £60 | 33338 | 6635 |
| Bishops-Stortford: Buntingford, Hertford, Royston, Ware, | R.S.D.s. | combined—Mr. W. Ogle | £700 | | |
| Bishops-Stortford, U.S.D. | | | | | |
| Boston, R.S.D. } Boston, U.S.D. } | | combined—Mr. Wm. Clegg... | £350 | 98000 | 38000 |
| Bradfield, R.S.D. — combined with Abingdon R.S.D. and others. | | | | | |
| Bradford, Wilts, U.S.D.—Dr. Clement S. Barter... | | | £30 | 11272 | 8179 |
| Bridlington, R.S.D.—Dr. C. F. Hutchinson ... | | | £50 | 60910 | 9213 |
| Bridgnorth, U.S.D. — combined with Astley-Abbotts U.S.D. | | | | | |
| Brighouse, U.S.D.—combined with Barkisland U.S.D. and others. | | | | | |
| Brixworth, R.S.D.—Mr. Henry Terry, jun.... ... | | | £5 5s. and £3 3s. for each visit. | 60724 | 13856 |
| Bromley, Kent, U.S.D.—Dr. Walter T. Beeby ... | | | Not fixed | 4706 | 10674 |
| Bromsgrove, R.S.D.—Mr. Jonathan L. Hobbes... | | | £80 | 36444 | 11068 |
| Buntingford, R.S.D.—combined with Bishops Stortford R.S.D. and others. | | | | | |
| Camelford, R.S.D.—Mr. Edward Pearce ... ... | | | £40 | 46616 | 8414 |
| Caxton: Huntingdon, Peterborough, St. Neots, Whittlesey, | R.S.D.s. | combined—Dr. E. J. Syson ... | £900 | 297120 | 74106 |
| Godmanchester, Huntingdon, St. Neots, | U.S.D.s. | | | | |
| Chiswick, U.S.D.—Dr. David A. Moxey ... ... | | | £80 | ... | 9000 |
| Colchester, U.S.D.—Mr. Edward Waylen ... ... | | | £150 | 11200 | 26361 |
| Cookham, R.S.D. — combined with Abingdon R.S.D. and others. | | | | | |
| Cwm-du, U.S.D.—Mr. William H. Thomas... ... | | | £5 | 3230 | 6000 |
| Dartmouth, U.S.D.—Mr. John M. Puddicombe... | | | £10 | 1926 | 5538 |
| Easingwold, R.S.D.—viz.: | | | | | |
| Easingwold District.—Mr. Edwd. B. Hicks... | | | £18 | 13630 | 3186 |
| Stillington " Mr. William Teasdale | | | £17 | 20802 | 2765 |
| Alne " Mr. Joseph Fall ... ... | | | £14 | 13438 | 2269 |
| Coxwold " Mr. James W. Smith... | | | £11 | 13499 | 1771 |
| Easthampstead, R.S.D.—combined with Abingdon R.S.D. and others. | | | | | |
| Elland, U.S.D.—combined with Barkisland U.S.D. and others. | | | | | |
| Ellesmere, U.S.D.—Dr. John W. Roe ... ... ... | | | Not fixed | ... | 2013 |
| Farnworth, U.S.D.—Dr. J. Ferrier Clarke ... ... | | | £40 | 1800 | 18900 |
| Halifax, R.S.D. — combined with Barkisland U.S.D. and others. | | | | | |
| Hartlepool, R.S.D.—Dr. Samuel Gourley ... ... | | | £30 | 18000 | 2260 |
| Hartlepool, U.S.D.—Dr. George Green... ... ... | | | £10 | 137 | 13000 |
| Hatfield, R.S.D.—Dr. John Burke... ... ... ... | | | £70 | 23027 | 6359 |
| Hawarden, R.S.D.—viz.: | | | | | |
| District No. 1.—Dr. Thomas Moffat ... ... | | | £25 | 18980 | 9016 |
| " 2 & 3.—Mr. William Roberts ... ... | | | £10 | 13064 | 5770 |
| Helmsley, R.S.D.—viz.: | | | | | |
| Helmsley District.—Dr. Robert Bruce Low... | | | £30 | 51596 | 3869 |
| Oswaldkirk " Mr. Fredk. W. Dowker... | | | £20 | 16043 | 2187 |
| Hemsworth, R.S.D.—Dr. William Wightman ... | | | £100 | 34129 | 7866 |
| Hertford, R.S.D.—combined with Bishops Stortford R.S.D. and others. | | | | | |
| Hexham, U.S.D.—Dr. Daniel Jackson ... ... ... | | | £20 | 5136 | 5331 |
| Hipperholme, U.S.D.—combined with Barkisland U.S.D. and others. | | | | | |
| Hoo, R.S.D.—Mr. George Peek Applin... ... ... | | | £20 | 20802 | 3136 |

| *Districts, and Medical Officers.* | *Salary per ann.* | *Area in Acres.* | *Population.* |
|---|---|---|---|
| Hungerford, R.S.D.—combined with Abingdon R.S.D. and others. | | | |
| Kings Norton, R.S.D.—Mr. F. Hollingshead ... | £100 | 21636 | 11827 |
| Kirkheaton, U.S.D.—Mr. Wm. Thos. Smith ... | £5 | 16000 | 2646 |
| Launceston, R.S.D.—Mr. John T. Lawrence ... | £50 | 90000 | 14000 |
| Llandilo Fawr, R.S.D.—viz.: | | | |
| Central District.—Mr. William Davies ... ... | Acc. to services | ... | 6679 |
| North „ Mr. Evan Jenkins ... ... | | ... | 2000 |
| South „ Mr. Evan Lloyd ... ... | | ... | 5136 |
| West „ (Vacant by death) ... ... | | ... | 2761 |
| Llanelly, R.S.D.—Mr. Benjamin Thomas ... ... | Not fixed | 51800 | |
| Longtown, R.S.D.—Mr. Thomas Hunter ... ... | £100 | 94163 | 10429 |
| Luddenden-Foot, U.S.D.—combined with Barkisland U.S.D. and others. | | | |
| Maidenhead, U.S.D.—combined with Abingdon R.S.D. and others. | | | |
| Midgley, U.S.D. — combined with Barkisland U.S.D. and others. | | | |
| Much Woolton, U.S.D.—Mr. William Prowse ... | £20 | 970 | 4644 |
| Neath, U.S.D.—Dr. George Eyding ... ... ... | £30 | 3750 | 9134 |
| Newbury, R.S.D. } combined with Abingdon Newbury, U.S.D. } R.S.D. and others. | | | |
| Newcastle-under-Lyme, U.S.D.—Dr. St. J. Edwards | £50 | 600 | 16000 |
| Newport, Mon., U.S.D.—Dr. Benjamin Davies ... | £50 | 950 | 30000 |
| Northam, U.S.D.—Dr. Charles Pratt ... ... ... | £10 10s. | 7198 | 3912 |
| Northowram, U.S.D.—combined with Barkisland U.S.D. and others. | | | |
| Pateley Bridge, R.S.D.—Mr. Edward Warburton | £75 | 72063 | 8696 |
| Patrington, R.S.D.—Dr. J. Fullarton Land | £80, with reasonable comp. for ext. serv. | 88872 | 9024 |
| Pontypridd, R.S.D.—viz.: | | | |
| Caerphilly District.—Mr. John Llewellyn ... | Not fixed | 73076 | 51920 |
| Cymer Dist.—Mr. Henry N. Davies ... ... ... | | | |
| Llanfabon Dist.—Mr. John Leigh ... ... ... | | | |
| Llantrisant Dist.—Dr. David W. Davies ... | | | |
| Mountain Ash Dist.—Mr. Edw. W. S. Davis | | | |
| Pontypridd Dist.—Mr. Walter Morgan ... ... | | | |
| Ystradyfodwy Upper Dist.—Mr. Watkin Rhys | | | |
| Ystradyfodwy Lower Dist.—Mr. H. N. Davies | | | |
| Prescot, R.S.D.—Mr. William Prowse ... ... ... | £100 | 35017 | 17891 |
| Queensbury, U.S.D.—combined with Barkisland U.S.D. and others. | | | |
| Radcliffe, U.S.D.—Mr. William Sellers ... ... ... | £30 | 2533 | 11446 |
| Rastrick, U.S.D. — combined with Barkisland U.S.D. and others. | | | |
| Reading, R.S.D. } Dr. John Shea ... ... ... ... | £25 | 4411 | 35000 |
| Reading, U.S.D. } | £300 | | |
| Richmond, Surrey, U.S.D.—Dr. John T. Rowland | £210 | ... | 15110 |
| Rishworth, U.S.D. — combined with Barkisland U.S.D. and others. | | | |
| Royston, R.S.D.—combined with Bishops Stortford R.S.D. and others. | | | |
| Sculcoates, R.S.D.—Mr. Thomas Walton ... ... | £50 | 30183 | |
| Seisdon, R.S.D.—Dr. William Speckman ... ... | £60 | 43962 | 16432 |
| Sheerness, U.S.D.—Mr. Peter Swales ... ... ... | £30 | 940 | 14799 |
| Shelf, Southowram, Sowerby, Sowerby-bridge, Soyland, U.S.Ds.—combined with Barkisland U.S.D. and others. | | | |
| Speenhamland, U.S.D.—combined with Abingdon R.S.D. and others. | | | |
| Stocksbridge, U.S.D.—Mr. George Browning ... | £25 | 4400 | 3500 |
| Swindon New Town } U.S.D. { Mr. G. M. Swinhoe | £10 | 2910 | 12000 |
| Swindon Old Town } { Mr. John B. Fry | £10 | | |
| Wallingford, R.S.D. } combined with Abingdon Wallingford, U.S.D. } R.S.D. and others. | | | |
| Ware, R.S.D.—combined with Bishops Stortford R.S.D. and others. | | | |
| Warley, U.S.D. — combined with Barkisland U.S.D. and others. | | | |
| Waterloo-with-Seaforth, U.S.D.—Dr. C. S. Smith | Nil | 665 | 6582 |
| Wellingborough, U.S.D.—Dr. W. Wake Clark ... | Acc. to serv. | 3005 | 10000 |
| Winchcomb, R.S.D.—viz.: | | | |
| No. 1 or Hill District.—Mr. William Cox ... | £40 | 34135 | 5971 |
| No. 2 or Vale District.—Mr. Thos. Newman... | £40 | 20586 | 4359 |
| Windsor, R.S.D.—combined with Abingdon R.S.D. and others. | | | |
| Witham, U.S.D.—Mr. Thomas M. Tomkin ... ... | £15 15s. | 3633 | 3947 |

# Medical Appointments.

ADAMS, G. N., M.B., L.R.C.S.Ed., has been appointed House-Surgeon to the Hulme Dispensary, Manchester, vice Lorimer, resigned.

ALLEN, Mr. M. S., has been appointed Medical Officer for the Dudley South District of the Dudley Union, vice Cochrane, resigned.

BARR, J., M.B., C.M., has been appointed House-Physician to the Glasgow Royal Infirmary, vice S. Gemmell, M.B., C.M., resigned.

BOMFORD, G., M.R.C.S.E., has been appointed House-Physician to King's College Hospital.

BUCHANAN, A. M., M.D., has been appointed House-Physician to the Glasgow Royal Infirmary, vice A. B. Morrison, M.B., C.M., resigned.

COWIE, Mr. D., has been appointed House-Surgeon to the Glasgow Royal Infirmary, vice F. Freer, L.F.P. & S. Glas., resigned.

CULLINGWORTH, C. J., M.R.C.S.E., has been appointed Surgeon to St. Mary's Hospital for the Diseases of Women and Children, Quay-street, Manchester, vice Mr. W. Whitehead, elected Assistant-Surgeon to the Manchester Royal Infirmary.

DUNCAN, A., M.R.C.S.E., has been appointed House-Surgeon to King's College Hospital.

FAIRLEY, Mr. T., has been appointed Public Analyst for Leeds.

FARQUHARSON, P. D., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Parishes of News, Pitsligo, and Tyrie, Aberdeenshire.

FARQUHARSON, R., M.D., has been appointed Junior Physician to the Belgrave Hospital for Children, vice Hope, resigned.

GARLAND, Mr. A. J., has been appointed House-Surgeon to the Glasgow Royal Infirmary, vice J. M'Ewan, M.B., C.M., resigned.

GUTHRIE, Mr. J., has been appointed House-Physician to the Glasgow Royal Infirmary, vice T. Lynn, M.B., C.M., resigned.

HAYNES, F. H., M.D., M.R.C.S.E., has been appointed a Physician to the Warneford, Leamington, and South Warwickshire Hospital, vice Slack, resigned.

HORNE, Mr. T., has been appointed House-Surgeon to the Glasgow Royal Infirmary, vice W. H. R. Strother, M.R.C.S.E., L.R.C.P., resigned.

HOUGHTON, J. H., M.R.C.S.E., has been appointed Medical Officer to the Woodside Iron Works and Collieries, Dudley, vice Cochrane, resigned.

LEDIARD, H. A., M.B., M.R.C.S.E., has been appointed Assistant Medical Officer to the Central London Sick Asylum District Asylum, Highgate, vice Mahomet.

LEWIS, W., M.B., C.M., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer to the united Parishes of Houston and Killellan, Renfrewshire; and also Medical Officer of Health for the District, vice J. S. Cumming, M.D., resigned.

M'GEE, J. R., L.K.Q.C.P.I., L.R.C.S.I., has been appointed a Surgeon to the Bradford (Yorkshire) Infirmary and Dispensary, vice Broughton, resigned.

M'VAIL, —, M.B., C.M., has been appointed House-Surgeon to the Glasgow Royal Infirmary, vice A. M'Lelland, M.B., L.R.C.S.Ed., resigned.

MOORE, W. W., M.D., M.R.C.P.I., has been appointed a Physician to the Sussex County Hospital, Brighton, vice Ormerod, deceased.

NICHOLSON, A., M.R.C.S.E., has been appointed Resident Accoucheur to King's College Hospital.

PRITCHARD, J. C., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Polden-hill District of the Bridgwater Union, vice Cornwall.

RALFE, Dr. C. H., has been appointed Visiting Physician to the Seamen's Hospital, Greenwich.

ROOSE, E. C. R., L.R.C.P.Ed., L.R.C.S.Ed., M.R.C.S.E., has been appointed Surgeon for District No. 6 of the Brighton and Hove Provident Dispensary, vice Smith, resigned.

RUTTER, J., M.D., M.R.C.P.L., has been appointed an Assistant-Physician to the Sussex County Hospital, Brighton, vice Moore.

SCOTT, Mr. W. J., has been appointed House-Surgeon to the Glasgow Royal Infirmary, vice A. M. Buchanan, M.D., resigned.

SHRIMPLIFF, E. M., M.R.C.S.E., has been appointed Medical Officer of Health for the Borough of Kingston-on-Thames at a salary of £52 10s. per annum, and for the District of Ham at a salary of £15 per annum.

SHRIMSHIRE, C. P., M.R.C.S.E., has been appointed Medical Officer for the Llanelly District of the Crickhowel Union, vice Tuckett, resigned.

THOMPSON, Mr. G., has been appointed House-Physician to the Glasgow Royal Infirmary, vice C. M'Bride, M.B., C.M., resigned.

WALFORD, W. G., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer of Health for the Borough of King's Lynn: £100 per annum.

WHITELAW, W., M.D., has been appointed Medical Officer and Public Vaccinator for the Parish of Creich, Fifeshire, vice Munro, deceased.

WHITTAKER, J. T., M.B., C.M., has been appointed House-Physician to the Glasgow Royal Infirmary, vice C. E. Smith, L.R.C.P.Ed., L.R.C.S.Ed., resigned.

# Births, Marriages, and Deaths.

## BIRTHS.

FAYRER.—On the 11th inst., at Hurst House, Henley-in-Arden, the wife of E. Fayrer, M.D., of a son.

GARMAN.—On the 25th ult., at Clarendon-terrace, Bow-road, the wife of Cornelius G. Garman, Surgeon, of a son.

HARDY.—On the 10th inst., at Fitzroy-square, the wife of Horatio Nelson Hardy, F.R.C.S.Ed., of a son.

MACGOWAN.—On the 9th inst., at The Park, Kingswood, near Bristol, the wife of A. T. Mac Gowan, L.R.C.P.L., of a daughter.

PALMER.—On the 10th inst., at Loughborough, Leicestershire, the wife of W. Grimes Palmer, L.R.C.P.Ed., M.R.C.S.E., of a son.

SMITH.—On the 10th inst., at Park-gate, Rotherham, the wife of Wm. John Smith, L.R.C.P., L.M., of a daughter.

## MARRIAGES.

BENSON—PEARSON.—On the 30th ult., at Abbey Church, Hexham, Thomas Benson, M.R.C.S.E., to Sarah Jane, daughter of the late Wm. Pearson, Esq.

HALL—YOUNG.—On the 14th inst., at the Church of St. Clement Danes, Samuel Hall, M.R.C.S.E., of Lymington, Hants, to Emily Caroline, eldest daughter of Dr. Edward Young, of Salisbury.—No Cards.

SAWYER—HILL.—On the 13th inst., at Cranoe, Leicestershire, James Sawyer, M.B., Physician, of Birmingham, eldest son of James Sawyer, Esq., of Carlisle, to Adelaide Mary, fourth daughter of the Rev. J. H. Hill, R.A., F.S.A., Rector of Cranoe, and Vicar of Welham.—No Cards.

## DEATHS.

BRICKWELL.—On the 1st inst., T. Brickwell, Surgeon, of Amersham (where he had practised for upwards of sixty years), aged 86.

BROOKING.—On the 1st inst., at Colnbrook, Bucks, S. Brooking, M.R.C.S.E., late of the Madras Medical Service, for many years Residency Surgeon at Tanjore, aged 68.

COOKE.—On the 5th ult., M. Cooke, M.R.C.S.E., of Barnstaple, aged 59.

FALKNER.—On the 6th inst., A. Falkner, L.R.C.P.Ed., L.R.C.S.I., of Longford-terrace, Kingstown, Co. Dublin, aged 33.

OLIVER.—On the 16th ult., at Exeter, J. H. Oliver, M.R.C.S.E., of the Royal Artillery, aged 36.

WILD.—On the 4th inst., at Rhyl, James Wild, M.R.C.S.E., formerly of Sheffield, aged 67.

WILLIAMS.—On the 2nd inst., Wm. Williams, M.R.C.S.E., of Farnborough, formerly of Redcar, aged 40.

# Notes, Short Comments, and Answers to Correspondents.

*A Practical Sanitarian.*—1. Our correspondent would gain a good deal of information from the Report of the Barrack and Hospital Improvement Commission, Captain Galton's book on the Construction of Hospitals, and Dr. Massy's Notes on Hospital and Barrack Construction.—2. The requisite amount has been differently stated by different authorities. For the supply of 3000 cubic feet of air per hour, it will be necessary to have a sectional inlet area of twenty-four square inches per bed, and the same for outlet.—3. There should be a fixed minimum of ventilation beyond the control of the occupants.

*Inquirens.*—The reason why cataracts are not commonly broken up in elderly persons is that the fragments swell much more than in young persons, and are apt to set up very troublesome inflammation of the iris, which may extend to the other tissues of the eye.

*Mr. G. Walford.*—An article will appear on the subject in our next issue.

### INFLAMMATION OF THE CELLULAR TISSUE OF THE ORBIT; DEATH ON THE FOURTH DAY FROM APOPLEXY.

*To the Editor of* THE LANCET.

SIR,—The following case is, I hope, worth recording:—

R. D——, aged thirty-three, a shoemaker, was attacked on the morning of May 4th with violent pains in the head at the junction of the parietal and frontal bones, accompanied with great sickness, rigors, and slight febricula. Has exophthalmos of both eyes (congenital); vision good; no sign of strabismus; is remarkably thin.

*Previous History.*—For the last two months he has suffered greatly from pain in the head, occurring at noon, and lasting about two or three hours. Of a night he has had pain in the muscles of his calves and arms. Has never had good health, "always complaining a little"; obliged to take medicine to overcome an obstinate constipation. Has never had any fits, neither any blow nor injury to the head. Has lost one sister from phthisis, and one of his brothers has a shortened leg, due to the result of morbus coxæ. Ordered to have five minims of tincture of aconite, ten of colchicum wine, in one ounce of white mixture: to take this three times a day. As cold applications to the head had given him relief, to continue the same.

May 6th.—Better; the pain in the head now occurs in paroxysms of short duration, which whilst they do last "nearly drive him mad"; the pain he thinks is "getting lower down" towards the brow. The attacks are worse at night, but still he thinks himself better. Fever is certainly abating; pulse 72. To have five minims of tincture of cannabis indica and one drachm of tincture of quinine three times a day; at bedtime ten grains of Dover's powder.

May 8th.—9 A.M.: Summoned hastily. Found him perfectly comatose, with stertorous breathing, and all the symptoms of pressure on the brain. The left eye was greatly protruded—viz., downwards and outwards; the upper eyelid œdematous, and perfectly livid; conjunctiva congested. Inflammation of the cellular tissue of the orbit was diagnosed, with apoplexy. There was also a slight fluctuation on the inside of the eye; but no incision was permitted, or doubtless pus would have exuded. The case was looked upon as hopeless. At 12 o'clock he expired.

*Observations.*—Unfortunately no post-mortem was allowed to verify the diagnosis. The peculiarity of this case seems to be the absence of pain in and around the orbit. That the patient was strumous is undoubted. Death was in all probability due to apoplexy, the suddenness of the brain symptoms pointing to that—a similar result which Power says happened to a case of Mackenzie's. The patient's diet was, from the commencement, milk, beef-tea, sago, and eggs, which was omitted from the above.

I remain, Sir, yours truly,

May 12th, 1873. E. BURROUGHS, L.K.Q.C.P.I., &c.

### ROYAL MEDICAL BENEVOLENT COLLEGE.

WE beg to lay the claims of Mr. W. D. Baxter, M.R.C.S., for election to a Pensionership before the notice of the Governors. Mr. Baxter published some papers in our journal about 1836-7. He is now laid up in bed with a prostatic affection, and quite unable to canvass for votes.

*Hodités*, (Oxford.)—The irksomeness of continuous railway travelling is being relieved on some lines by sleeping-cars. Those invented by Pulman have long been in use in the United States and Russia. Similarly appointed vehicles are running between Paris, Munich, and Vienna; but they are constructed on a new principle devised by Colonel Mann and Herr Nagelmacher. In the course of the next few weeks these latter will be run on most of the leading Continental lines.

*Beta.*—It is not a double qualification, but a surgical one only.

### "THE MEDICAL LIST."

*To the Editor of* THE LANCET.

SIR,—Allow me, through the columns of your valuable journal, to ask the proprietors of the "Medical List" whether it is their intention (as stated in THE LANCET some time ago) to refund the subscriptions received for the work, owing to their inability to bring it out in January last, as announced in the prospectus. In common with many others, I sent my subscription of six shillings, and obtained a receipt signed "W. Longman," in December last, and since then I have received a letter signed "G. Richards," stating that it had been decided not to publish the book this year, and therefore that as soon as the returns had been gone through, and the names of those subscribers who had paid in advance extracted therefrom, the money would be returned to them. This was on February 10th. I have subsequently addressed two letters to the proprietors on the subject, but without having received any reply, and consequently, as I imagine the delay to have been sufficiently long, I venture to request that you will kindly give insertion to this letter in order that attention may be called to the matter.

Your obedient servant,

Manchester, May 12th, 1873. SAML. HOBSGOOD.

### SMALL-POX AT HALIFAX.

A good deal of discussion appears in the newspapers in reference to the provisions for small-pox patients. We are glad to notice the strong advocacy of an easily erected and easily dismantled shed for the treatment of small-pox and other infectious epidemics. It is simply disgraceful to send such cases either to a workhouse or to a general hospital.

*G. Z. H.*—1. We see no reason why any gentleman having a right to the title of "Dr.," and practising as a general practitioner, should not act as an apothecary so far as dispensing one's own medicine goes.—2. Only one of the partners is entitled to act as an apothecary.—3. It is not correct.

*E. J. G.*—Apply to Moore and Co., 14a, St. Mary-axe, London.

### DEATH AFTER PARTURITION.

*To the Editor of* THE LANCET.

SIR,—As the case I am about to submit to your readers is one of great importance, and indeed of vital consequence, not only to the friends of a patient, but especially to a beginner in practice, I am led to record my sad experience of the past week. The case is one of sudden death on the sixth day after a perfectly natural labour.

Pathologically I have little to tell. The post-mortem examination has revealed nothing more than a pale, flaccid heart, with its cavities quite empty, and the state of the valves and great vessels normal; the uterus properly contracted; and a healthy condition of all the other organs of the body.

My patient was a primipara, aged twenty-seven. Her temperament, her habits, her disposition, and circumstances were all that could be desired. She and her husband craved for one addition to their happiness. Their wishes were gratified by the birth of a fine boy on Monday morning, the 5th instant. The labour, as I have said, was perfectly natural, the placenta following the child in about ten minutes, and with no more than the usual discharge, which gradually subsided, and left not a single trace of red by the sixth day. Up to Saturday, May 10th, the patient went on improving in strength and spirits. I had visited her daily; but on Friday she and her baby seemed so well that I felt disposed to lighten my work, and not call or send until Monday. Finding, however, that my Monday's work would be heavy, I actually called on Saturday morning, and was pleased with the healthy, cheerful appearance of my patient. She expressed great pleasure and thankfulness at getting on so well. I left with the promise of calling again as a matter of form. A few minutes after my departure—the relatives say five minutes—she "got out of bed to pass water," complained of feeling giddy, sat down on the side of the bed, and immediately fell back upon the pillow, and died! Doubtless the cause of death was syncope.

Many similar cases are on record, and my letter will add little to the store of knowledge previously gained; but the appalling and really sorrowful nature of this my first unfortunate case, in a long practice and extensive experience, may be useful in showing the necessity of being more than usually strict with patients and their nurses in the early days of parturition, and this is my excuse for troubling you and your readers with the foregoing history.

I remain, Sir, yours faithfully,

Buckingham Palace-road, May 12th, 1873. H. M. DUNCAN.

*M.R.C.S.*—We think that it would be more consistent with our correspondent's own dignity not to do so in either case.

*Dr. Andrew Smart*, (Edinburgh.)—Thanks. The communication shall have our early consideration.

*A. K. C.*—From the first decided commencement of the fever; but the course of the disease is, in our experience, frequently much longer than books would lead one to suppose, and death often occurs after the thirtieth day.

### PROPYLAMINE IN RHEUMATISM.

*To the Editor of* THE LANCET.

SIR,—The two great objections to the use of propylamine are its horrid taste, which it is almost impossible to hide, and the severe gastralgia produced by any but very minute doses. I thought that the best way to overcome these *désagrémens* would be to use the medicine subcutaneously; but as it was possible some unpleasant result might follow its use in this way, I considered it only fair to try it first on myself. I inserted under the skin of my left arm the following: propylamine, ten minims; acetate of morphia, a quarter of a grain; water to ten minims. Immediately on the withdrawal of the needle, a sharp burning pain, commencing at the puncture, ran down the arm and back of the forearm to the wrist, and for some minutes was very excessive. It then died somewhat out, though I cannot say that I had lost it at bedtime, eight hours after.

The patient for whom I intended the medicine, Richard E——, aged forty-eight, was suffering from subacute rheumatism, affecting principally the knees and shoulder-joints. He had been confined to the house for two months, and professed himself ready to allow me to do anything which gave him a chance of cure. I began that same afternoon, and gave him a minim and a half of propylamine, one-fourth of a grain of morphia, and water to ten minims. He complained very much of the burning in his arm at the time, but it did not last long, and next morning he said he had slept better than he had done for two months. This I attributed to the morphia. I continued the same dose three times a day for two days, and there certainly was an improvement, so that he could walk about the house without pain. The local effects being rather severe, with ecchymosed patches around the punctures, and tenderness of the arm from the elbow up, I gave him the following mixture per orem: propylamine, sixteen minims; morphia, two grains; essence of peppermint, half a drachm; water to eight ounces: one ounce three times a day. In five days from the commencement of the treatment he was quite free from pain and stiffness, and was able to walk about and do some work in his garden.

Whether the cure is permanent or not it is too soon to say. I do not think this case encourages us to use propylamine hypodermically; but so far as one trial goes it is a fair proof of its efficacy in rheumatism. It will rather astonish obstetricians to hear that, besides its ordinary sources (cod-liver oil, herring-brine, water in which mussels have been steeped, &c.), propylamine can be obtained from ergot of rye. Whether it is of any use in obstetrics or not is a hidden question.

I remain, Sir, yours truly,

Waterbeach, Cambridge, 1873. P. J. MOLONY, B.A., M.B., &c.

*A Medical Officer* will do well to bring his case to the notice of the authorities. This course would be unobjectionable at any time, and especially now that Mr. Cardwell has expressed himself as willing to give the matter consideration. As regards the other questions, we would suggest that our correspondent should join two or three others, and form a deputation to the War Minister after obtaining official permission to do so. If this course be not followed, questions might be put to the War Minister in Parliament.

*Inquirer* will find Mr. St. George Mivart's first paper in the April number of the *Popular Science Review*. Mr. Huxley's paper referred to is contained in the *Contemporary Review* for the present month.

*Dr. Woodward.*—Next week.

*Micros* would, we think, obtain what he requires by applying to Messrs. John Smith and Co., Long-acre.

## "PROMOTION IN ABSENTIA."

*To the Editor of* THE LANCET.

SIR,—The following facts may be interesting, if not comforting, to those "surgeons, dentists, and other qualified gentlemen" who may be eager to embrace the opportunity still daily given to them in many papers to obtain a learned degree *in absentiâ* from a "well-known foreign University" (i. e., Philadelphia). Last year the Senate of the State where the "well-known" University is situate appointed a Committee to investigate certain charges which had been made against it, of selling diplomas to unqualified ladies and gentlemen. This Committee examined a large number of witnesses, and made a report to the Senate, in which, as published, they say that it appears to be notorious that the sale of degrees by this College—being one University trading under different names, with the same ostensible staff of officers—was carried on openly and systematically. It was proved that diplomas in regular form, and signed by "the faculty," had been granted to *women who could not tell the location of the College*, and there was abundant testimony of the sale of degrees to persons who never attended any of the lectures of "the course," nor received *any medical*—in the case of medical, for all kinds of diplomas were granted—*instruction whatever*. One of "the faculty" testified before the Commission that during the time he filled "an important chair" (!) in this College he visited a distant portion of the State for the express purpose of ascertaining who among the practising physicians of the locality were without diplomas, with the intention of selling their degrees *for whatever sum could be obtained*. The payment of any money to secure American degrees makes the degree *there* worthless, and such conduct on the part of members of the faculty renders them liable to fine and imprisonment. It is further testified by the same undoubted local authority at Philadelphia that all the statements which have appeared, and which have been submitted to him as they appeared, as to these "fraudulent degrees" are "entirely correct." If, however, "candidates" wish to verify these and other statements for themselves, the source of information I can give, if desired, in a future number in your columns. I append the standing advertisement in leading papers *verbatim et literatim*, which alone has elicited this letter, and trust that the simple facts will open the eyes of those ambitious of a learned degree *in ab-entiâ*.

"PROMOTION *in Absentiâ*.—There is an opportunity for curates, incumbents, surgeons, dentists, and other qualified gentlemen to obtain learned degrees from a well-known foreign University.—Candidates may apply, Medicus, 46, King-street, Jersey."

Yours, &c.,
May, 1873. ANTI-SHAM.

### SEA-SICKNESS.

*F. G. S.* writes to us as a "non-professional on sea-sickness." The letter is too voluminous for insertion; but the pith of it appears to be that he has prevented sea-sickness by taking chloral hydrate and a French preparation called "gouttes de Clifton," by keeping his feet warm, lying on his left side, and prosecuting sea journeys by night.

*Alpha.*—The disease is contagious in our opinion. At any rate we should advise the adoption of the precautions necessary to guard against its spreading in this way.

*Elpis* has neglected to enclose the cutting, on which he comments, from the *Daily News*.

### TRANSFUSION.

*To the Editor of* THE LANCET.

SIR,—With regard to the statement in this week's LANCET that I resorted to transfusion in a case at the Children's Hospital, will you allow me to explain that I only assisted, and acted under the direction of, my senior colleague, Mr. Thos. Smith, who was much more familiar than myself with the method of procedure.

Your obedient servant,
Queen Anne-street, May 10th, 1873. J. WARRINGTON HAWARD.

*A Friend*, (Peshawur.)—We could hardly publish the documents enclosed by our correspondent, which gravely affect the character of a professional man. The proper course to be pursued is to forward the whole subject for the consideration of the Home authorities, who will, no doubt, see that full justice is done.

*Mr. Wm. Akerman.*—We do not know of any.

THE communication of *Dr. Handsel Griffiths* (Dublin) shall receive consideration.

### THE ACTUAL CAUTERY IN CASTRATION.

*To the Editor of* THE LANCET.

SIR,—In your issue of April 26th there is a report of a case of Castration at King's College Hospital by Mr. Henry Smith, in which the actual cautery was employed for closing the vessels of the cord; and Mr. Henry Smith remarked that, so far as he knew, the same means had not been before employed in the human subject.

During the time I was house-surgeon at the Worcester General Infirmary (the past three years) I saw the cord treated in the same way several times; in fact, it was the only treatment employed by the surgical staff there. I saw no other plan. The cord was secured by a clamp, and the cautery applied at a black heat. The treatment was perfectly successful in all the cases. No ligature was used at all.—Yours faithfully,

CHAS. E. HARDYMAN, M.R.C.S.E.
The Infirmary, Macclesfield, May 7th, 1873.

### SOMETHING LIKE AN INSPECTOR.

THE following, which we take from the *Western Mail* of the 30th ult., is too characteristic of the millennium of inspectors, which we have ventured to prophesy, not to be cited. The inspector of nuisances for the Canton district (Glamorganshire) is reported thus to have addressed his Board:—

"The inspector said it was a very common mistake, and one against which he particularly wished to guard them, to suppose that the removal of excrementitious matter constituted the principal part of the sewage question. The sewage question, in its entirety, had to do with the removal of four distinctly different things—first, there was the dry refuse; then the rain or surface water; thirdly, the waste water used in dwellings for a thousand different purposes; and, lastly, the excrementitious matter. Now, non-professional people were apt to think that the removal of the latter was the most important. There were, however, many towns in which no night-soil or urine entered the sewers; and yet there was not the slightest difference, so far as the purity of the sewage was concerned, between cases of that kind and cases where the night-soil and urine combined with the waste water, and flowed into one and the same channel. Chemists again had tried to ascertain whether there was any difference in the composition of the two articles, and they found that practically there was no difference at all, and that the proportion of nitrogen in both cases was almost exactly the same. Taking the water-supply of Canton at twenty gallons, the waste water was, of course, practically the same in amount; and if all entered the sewer, what proportion did they think the night-soil and urine would bear to it? Only a two-hundredth. The mere disposition of excrementitious matter was not, therefore, the principal question."

It is a pity that the inspector did not add, for completeness' sake, a view of the law of the case.

WE are compelled to postpone our notice of the first public trial at Glasgow under the Adulteration Act and several other topics until next week.

*A Constant Subscriber.*—A qualification in Medicine is also required for such an appointment.

### MEDICAL OFFICERSHIPS OF UNIONS.

*To the Editor of* THE LANCET.

SIR,—Would you kindly give me space to ask any of my brother practitioners who, like myself, may have been candidates for union appointments, whether they have happened to meet with such treatment as befell me and five others on a late occasion when applying for the medical officership of the 2nd district of the Hackney Union?

We were requested by advertisement to appear at the Union House, Homerton, on the day named at twelve o'clock, and on doing so found we had to wait outside the board-room door in a paved passage, where a current of cold air was passing shiveringly through, and without the vestige of a chair to seat oneself on, for just one hour and a quarter. During this time each of the six was called in before the chairman and members of the Board to hear his application read over, which occupied about five minutes, after which he was requested to retire again into this passage. After coming out myself, curiosity tempted me to interrogate a liveried porter, who was our associate, as to his views about who would most likely be the successful candidate, and he coolly informed me that it was as good as settled before that day in favour of a Dr. White, who had been doing the parochial work for his principal, who had just resigned. I must say, under any consideration, if unsuccessful, I should have felt disappointed at being dragged from one end of London to the other; but to find that Dr. W. was appointed, and that it was known beforehand he would be appointed, and that consequently my valuable time was uselessly thrown away, I felt most indignant. But to wind up what I cannot but help calling scandalous treatment. A juvenile clerk brought out in this said passage the diplomas and testimonials of all the six candidates jumbled up together in his hand, requesting each one to pick out his own, and who stated that our attendance was no longer required.

I should like to know, Sir, whether such treatment is usual, because, if so, I shall certainly never apply personally again for a parochial appointment without first having been selected, requested to do so, and the promise of some compensation for loss of time and expense in travelling.

I am, Sir, yours truly,
May, 1873. INQUIRER.

*Mr. James Gater.*—A medical man might reasonably complain of being kept out of such a case by an unqualified assistant; but there was no occasion for any discourtesy.

### A QUERY.

*To the Editor of* THE LANCET.

SIR,—In two cases of congestion of the lungs, proving rapidly fatal, with albuminuria in one instance, the penis had shrunk into a mere ring, so that there was difficulty in passing urine. Will some of your correspondents oblige by explaining the cause of this, and of what condition it is pathognomonic.

Yours truly,
May, 1873. N. M.

### TRANSATLANTIC NECROLOGY.

A PHILADELPHIA paper published the following impressive lament on a child who died of a prevailing epidemic of cerebro-spinal meningitis:—

"Our little Sallie did to heaven go,
Baby life so fleet is;
She was afflicted with the cerebro-
Spinal meningitis.
'Tis hard to lose our Sallie so,
But the reflection sweet is
That she's gone where there's no cerebro-
Spinal meningitis."

We sincerely hope that this effort is not the inauguration of a new fashion in which obituaries will be chronicled in rhyme; or, if it is, that it will, like wooden nutmegs and farinaceous oysters, remain peculiar and indigenous to the soil of the mighty Republic. The rhythmical and metrical difficulties to be surmounted in writing an obituary in verse of a patient who had been afflicted with such a disease as locomotor ataxy or coagula cordis fibrinosa would appal contemporary poetasters.

*Vigilans*, (Preston.)—The carelessness with which the Medical Register is compiled is discreditable. Names of practitioners long dead still crowd its columns. For example, Dr. A. C. Maingay, whose obituary notice appeared in THE LANCET for December 28th, 1868, has still a place among the living.

*A Young Surgeon* (Plymouth) is thanked for his communication, which shall receive attention next week.

ENTERIC FEVER WITH APHASIA.

*To the Editor of* THE LANCET.

SIR,—Reading Mr. Raven's case of "Enteric Fever followed by Aphasia" reminds me of a somewhat similar one which I attended while *locum tenens* near Stirling about eighteen months ago. I write from notes of the case taken at the time, but which are of a very general character, as they were only intended for private reference.

John D——, aged thirteen; seen first by me about the fourteenth day of fever. Diarrhœa moderate; spots few, but quite characteristic; the abdominal symptoms altogether are but slightly marked; can see and hear perfectly well, but cannot speak; intelligence apparently unaffected. Continued in much the same state for a week; pulse varying from 110 to 120. Towards the end of the third week he began to indicate by signs that he was suffering from pain in the head, and at the beginning of the fourth week loss of power of right arm and hand was noticed, and also paralysis of same side of face; pulse then fell to 104, 100, 96, and 90 on successive days. For another week head symptoms continued prominent; was restless at night, and fretful during the day, but only able to give expression to his annoyance by signs and a faint murmuring noise. After the application of a blister to back of head he began to improve, the power returning to the arm, forearm, and, lastly, the hand; while the paralysis of face disappeared, and expression altogether became more composed; still, however, unable to speak. At the end of the fifth week he evidently tried to say "Ma," compressing his lips for the "m," but not sounding the vowel. Two days later he succeeded in pronouncing it properly, then tried his own name and that of several members of the family. At first this was done with great effort, the words being very much prolonged, and dissyllables pronounced like separate words. He made a slow but good recovery, his speech being ultimately quite restored.

I have made no reference to his other symptoms, his case presenting nothing unusual apart from the above.—Yours, &c.,

Helensburgh, May 13th, 1873. J. W. ANDERSON, M.B.

VACCINE LYMPH.

*To the Editor of* THE LANCET.

SIR,—I was told the other day that "in taking lymph from an arm after vaccination I should be careful to leave at least one vesicle unpunctured, so as to run its natural course; for if all the vesicles were opened, the protective power of vaccination against small-pox would be much impaired." Can any of your readers inform me if such is the case, or where I could find the point discussed. Yours, &c.,

May, 1873. VACCINATOR.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. A. Meadows, London; Mr. Streatfeild, London; Dr. Theodore Williams, London; Mr. Haynes, Leamington; Dr. Jardine, Waterbeck; Dr. Goodman, Southport; Dr. Barclay, London; Dr. Cassells, Glasgow; Mr. Prowse, Woolton; Mr. Briery, Knaresborough; Mr. Bertin, Caen; Mr. Davis, Leamington; Mr. Blackett, London; Mr. Waller, Farnham; Mr. Thomas, Darlington; Dr. Evans, Narberth; Mr. Barter, Bath; Dr. Yeo; Mr. Baxter, Caterham; Mr. Hayes, Belfast; Mr. Douglas, Manchester; Mr. Curtis, Scarborough; Dr. Anderson, Helensburgh; Mr. Haynes, Bexhill; Dr. Duncan, London; Mr. Kemp, London; Mr. Haward; Mr. Burroughs, Prees; Mr. Yorke, Kingston; Mr. Billing, London; Mr. Cortis, Bath; Mr. Craven, Falkirk; Mr. Sparks, York; Mr. Grove, Walton; Mr. Cullingworth, Manchester; Dr. Coombs, Castle Cary; Mr. Hillyard; Dr. Page, Newcastle-on-Tyne; Mr. Hosegood, Manchester; Mr. Phillimore, Snenton; Dr. Ralfe, London; Dr. O. Will, Aberdeen; Mr. Horton, Dudley; Mr. W. Akerman, London; Mr. J. Allen, London; Messrs. Mackey and Co.; Mr. F. A. Welch, Netley; Mr. J. Williams, Dunster; Dr. Waters, Liverpool; Mr. P. Lever, London; Dr. Millar, Accrington; Mr. J. Allen, Winchester; Mr. Steward, Plaistow; Mr. Smith, Thame; Mr. Pratt, Swansea; Mr. Stevens, Bury; Mr. Harris, Southampton; Mr. T. Gregory, Bridgnorth; Mr. Byrne, Hailsham; Mr. Lee, London; Mr. Birch, Stamford; Mr. Halton, Eye; Mr. Simpson, Ambleside; Mr. Broughton, Deal; Mr. White, Guildford; Mr. Cory, Chippenham; Mr. Watkin, Frome; Dr. Russell, Glasgow; Mr. Crabb, Dublin; Mr. Walford, King's Lynn; Mr. Halton, Saxmundham; Mr. Garman, Bow; Mr. Pratt, Cardiff; Mr. Bishop, Salisbury; Mr. Brereton, Croydon; Dr. Crowther, Luddenden; Mr. Morgan, Neath; Mr. Urling, Rochester; Mr. Waterson, Bury St. Edmunds; Mr. G. Weeks, Montreal; Dr. Hayne, Guadaloupe; Mr. Pick, Leicester; Mr. Roberts, Windsor; Mr. J. Steward, Oswestry; Messrs. Calvert and Co., Manchester; Mr. Hunt, Birmingham; Mr. France, Ross; Mr. Mayne, Weymouth; Mr. J. M. Wilson, Chatteris; Mr. Fox, Bristol; Mr. Shirtliff, Kingston; Mr. Head, Eltham; Mr. Deane, Lanark; Mr. Chatfield, Ipswich; Mr. Hartnoll, Chippenham; Mr. Horne, Glasgow; Mr. Gater, London; Mr. Waters, Stratford; Mr. Smith, Rotherham; Dr. Laffness, Jena; Mr. Marsh, Shrewsbury; Mr. Lownds, Newcastle; Mr. Watson, Glasgow; Mr. Dalrymple, M.P., London; Dr. Little, Woolton; Dr. Woodward, Worcester; Dr. Griffiths, Dublin; Mr. Bleeck, Warminster; Mr. Palmer, Loughborough; Mr. Wills, Sydenham; L. M.; L.R.C.P. Edin.; Inquirer; The Public Vaccinators of St. Olaves; Beta; The Resident Medical Officers of King's College Hospital; M.R.C.S.; Omega; Testator; Æsculapius; Observer; F. J. G.; &c. &c.

*Leeds Mercury, La Tribune Médicale, Belfast Telegraph, Andover Advertiser, Fleetwood Chronicle, Surrey Advertiser, Wrexham Guardian, Ross Gazette, Herts and Essex Observer, Saunders's News-Letter, Philadelphia Medical Times, St. John Daily Telegraph, Guardian*, and *Glasgow Herald* have been received.

## METEOROLOGICAL READINGS

(*Taken by Steward's Instruments*).

THE LANCET OFFICE, MAY 15TH, 1873.

| Date. | Barometer reduced to Sea Level and 32° F. | Direction of Wind. | Wet Bulb. | Dry Bulb | Solar Radia. in Vacuo | Max. Temp. Shade | Min. Temp. | Rainfall. | Remarks. |
|---|---|---|---|---|---|---|---|---|---|
| May 9 | 29·98 | N.W. | 45 | 48 | 90 | 63 | 45 | ... | Fine |
| " 10 | 30·16 | W. | 47 | 52 | 104 | 71 | 42 | ... | Fine |
| " 12 | 30·23 | N.W. | 52 | 55 | 105 | 72 | 49 | ... | Fine |
| " 13 | 30·22 | S.E. | 45 | 50 | 96 | 65 | 46 | ... | Fine |
| " 14 | 30·24 | N.W. | 51 | 58 | ... | ... | 48 | ... | Overcast |
| " 15 | 30·13 | ... | 41 | 46 | 65 | 53 | 44 | ... | ... |

# Medical Diary of the Week.

### Monday, May 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

### Tuesday, May 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. J. H. Parker, "On Early Roman History and Architecture."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Renal Cyst from a Pig; Recurrent Osteo-Sarcoma unconnected with Bone; Stricture of Common Bile-duct; Disease of the Brain, Spleen, and Kidneys; Cases of Addison's Disease; A Blood-cyst from the Leg; Pulsating Cancer of the Kidney; Tumour of the Jaw; Syphilitic Condylomata; The Hearts of two Soldiers affected with Disease of the Aortic Valves; Intra-Thoracic Tumour compressing the Bronchus; A rare form of Tumour; Hearts, Livers, and Kidneys, showing the injurious effects of Alcohol; Atheromatous and Bony Deposits in the Lower Animals; A Rectal Polypus; A Pancreas with numerous Calculi in the Ducts; A Tumour implicating the Phrenic Nerve; Repaired Fracture of the Base of the Skull; Congenital Disease of the Heart; Fibrinous Cast of the Urethra and Bladder; Loose Cartilages from the Hip-joint; &c. &c.

### Wednesday, May 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

### Thursday, May 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light."

### Friday, May 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Dalby, "On Five Cases of Traumatic Rupture of the Membrana Tympani."—Dr. Greenhow, "On the Skim-milk Treatment of Diabetes"; Cases.—Dr. Day, "On a Case of Foreign Body in Bronchus, making its way out by Abscess through Walls of Thorax."—Mr. Croft will show a Patient on whom Excision of Neck of Femur after Sayre's method was performed. — Mr. Callender, "On two Cases of Intestinal Obstruction," one communicated by Dr. Gray.
ROYAL INSTITUTION.—9 P.M. Mr. Spottiswoode, "On the Spectra of Polarised Light."

### Saturday, May 24.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. J. Morley, "On the Historical Method."